

# Application for Registration

# 1902

For Individuals Earning Purely Compensation Income,  
and Non-Resident Citizens / Resident Alien Employees

149 025 1270 0000  
New TIN to be issued, if applicable (To be filed up by BIR)

Fill in all applicable white spaces. Mark all appropriate boxes with an 'X'.

1 Taxpayer Type <input type="checkbox"/> Local Employee <input type="checkbox"/> Resident Alien Employee	2 Date of Registration (To be filled up by BIR)	3 RDO Code (To be filled up by BIR)
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### Part I Taxpayer / Employee Information

4 TIN (For Taxpayer w/ existing TIN)	5 Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6 Citizenship FILIPINO
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7 Taxpayer's Name Last Name: CONSON First Name: JEPHTHA Middle Name: GULLE	8 Date of Birth 04/22/1998 (MM/DD/YYYY)
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9 Local Residence Address Street: KATIPUNAN ST. Barangay/Subdivision: TISA	10 Telephone No.
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11 Zip Code 6000	12 Municipality Code
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13 Foreign Residence Address
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14 Tax Type Income Tax	Form Type <input type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)	ATC B011
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### Part II Personal Exemptions

15 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Legally separated <input type="checkbox"/> with qualified dependent child/ren <input type="checkbox"/> without qualified dependent child/ren	16 Employment Status of Spouse: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Locally <input type="checkbox"/> Employed Abroad <input type="checkbox"/> Engaged in Business/Practice of Profession
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17 Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum <input type="checkbox"/> Husband claims additional exemption and any premium deduction <input type="checkbox"/> Wife claims additional exemption and any premium deduction (Attach Waiver of Husband)
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18 Spouse Information Spouse Taxpayer Identification Number	Spouse Name
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18A	18B	Last Name	First Name	Middle Name
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18C	18D	Spouse Employer's Name
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### Part III Additional Exemptions

19 Names of Qualified Dependent Child/ren (refers to a legitimate, illegitimate, or legally adopted child chiefly dependent upon & living with the taxpayer; not more than 21 years of age, unmarried, and not gainfully employed; or regardless of age, is incapable of self-support due to mental or physical defect).		Date of Birth (MM/DD/YYYY)		Mark if Mentally / Physically Incapacitated
Last Name	First Name	Middle Name		
19A	19B	19C	19D	19E
20A	20B	20C	20D	20E
21A	21B	21C	21D	21E
22A	22B	22C	22D	22E

### Part IV For Employee With Two or More Employers (Multiple Employments) Within the Calendar Year

23 Type of multiple employments <input type="checkbox"/> Successive employments (With previous employer(s) within the calendar year) <input type="checkbox"/> Concurrent employments (With two or more employers at the same time within the calendar year) (If successive, enter previous employer(s); if concurrent, enter secondary employer(s))	
Previous and Concurrent Employments During the Calendar Year	
TIN	Name of Employer/s

24 Declaration  
I declare, under the penalties of perjury, that this form has been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code as amended, and the regulations issued under authority thereof.

JEPHTHA G. CONSON  
TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT  
(Sign here over printed name)

### Part V Employer Information

25 Type of Registered Office <input type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE
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26 Taxpayer Identification Number	27 RDO Code (To be filled up by BIR)
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28 Employer's Name (Last Name, First Name, Middle Name, if Individual/Registered Name, if Non-Individual)
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29 Employer's Business Address
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30 Zip Code	31 Municipality Code (To be filled up by the BIR)	33 Effectivity Date (Date when Exemption information is applied)	34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information)
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32 Telephone Number	35 Declaration I declare, under the penalties of perjury, that this form has been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code as amended, and the regulations issued under authority thereof.	Stamp of BIR Receiving Office and Date of Receipt
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