



Application for Registration

BIR Form No
1902
Jan 2008 (ENCS)

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

2011 05 11 11:00 AM 1000

Fill in all applicable whole spaces. Mark all appropriate boxes with an "X"

1. Taxpayer Type: Local Employee Resident Alien Employee Non-Resident Citizen

2. Date of Registration: _____

3. RDO Code: _____

4. Taxpayer Identification Number: _____

5. Sex: Male Female

6. Age: 38 years

7. Nationality: Filipino

8. Surname: Echavez First Name: Jule Karla Last Name: Lacsi

9. Date of Birth: 12/14/1991

10. Local Residence Address: Pkt. 4A Santiago

11. Telephone No.: _____

12. City/Municipality: Lorain del Norte Tigon City

13. Zip Code: 9200

14. Municipality Code: _____

15. Foreign Residence Address: _____

16. Tax Type: Form Type: 11031

17. Civil Status: Single Widowed/Divorced Married

18. Employment Status of Spouse: Unemployed Employed Locally Employed Abroad Employed in Business/Practice of Profession

19. Check for Additional Compensation/Premium Deductions for husband and wife whose aggregate family income does not exceed P200,000 per annum

20. Check for Additional Exemption and any premium deduction: Will claim additional exemption and any premium deduction (Attach Visitor of Husband)

21. Taxpayer Identification Number: _____

22. Spouse Name: _____

23. Spouse's Taxpayer Identification Number: _____

24. Spouse's Name: Last Name: _____ First Name: _____ Middle Name: _____

25. Name of Qualified Dependent Children (Indicate if Legitimate, Illegitimate, or legally adopted child directly 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)

25A	25B	25C	25D	25E
Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Married / Legally Separated

26. For husband and wife or both employees (Indicate if employed) within the calendar year

27. Type of employment: Part-time Seasonal Contractual Casual Other

28. Previous and Current Employers During the Calendar Year

28A	28B
Month	Name of Employer

29. 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.

TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT: MIE JULE KARLA ECHAVEZ

30. Employer's Office: HEAD OFFICE BRANCH OFFICE

31. Employer's Taxpayer Identification Number: 484 624 961 0000

32. Employer's Name: PLAY INC.

33. Address: 11TH FLOOR MSY TOWER COM BUSINESS PARK CEBU CITY

34. Zip Code: 6000

35. Municipality Code: _____

36. Telephone Number: _____

37. 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