

To be filed up by BIR

DLN:



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Application for Registration

BIR Form No. **1902**
July 2008 (ENCS)

For Individuals Earning Purely Compensation Income, and Non-Resident Citizens; Resident Alien Employee

354 378 710 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 checked="" type="checkbox"/> Local Employee <input type="checkbox"/> Resident Alien Employee		2 Date of Registration 01/25/2019		3 RDO Code 081	
Part I Taxpayer / Employee Information					
4 TIN (For Taxpayer w/ existing TIN)		5 Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		6 Citizenship FILIPINO	
7 Taxpayer's Name VILLORDON, ANGELINE NA NA			8 Date of Birth 11/22/1997		
9 Local Residence Address STO. NINO RIVERSIDE LOWER TUNGHAAN MINGLANILLA, CEBU			10 Telephone No. 06202245969		11 Zip Code 6046
13 Foreign Residence Address			12 Municipality Code		
14 Tax Type Income Tax <input checked="" type="checkbox"/> RIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)					ATC 1011
Part II Personal Exemptions					
15 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Legally separated <input type="checkbox"/> with qualified dependent children			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		
<input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input checked="" type="checkbox"/> without qualified dependent children			<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)		
17 Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum					
18 Spouse Information					
18A Spouse Taxpayer Identification Number			18B Spouse Name		
18C Spouse Employer's Taxpayer Identification Number			18D Spouse Employer's Name		
Part III Additional Exemptions					
19 Names of Qualified Dependent Children (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)					
Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Mark if Mentally/Physically Incapacitated	
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. TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT (Signature over printed name)					
Part V Employer Information					
25 Type of Registered Office <input checked="" type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE		27 RDO Code 081			
26 Taxpayer Identification Number 484634961					
28 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual) EMPLOY INC.					
29 Employer's Business Address UNIT A&F 11/F MSY TOWER CEBU BUSINESS PARK HIPODROMO CEBU CITY					
30 Zip Code 6000	31 Municipality Code (To be filed up by the BIR)	32 Telephone Number 2333598	33 Effectivity Date (Date when Exemption Information is applied) 01/25/2019	34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) 01/25/2019	
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. EMPLOYER / AUTHORIZED AGENT (Signature over printed Name)				Title / Position of Signatory	
				Stamp of BIR Receiving Office and Date of Receipt	
				Attachments Complete? (To be filed up by BIR) <input type="checkbox"/> Yes <input type="checkbox"/> No	

25 JAN 2019

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ATTACHMENTS: (Photocopy only)

For Individuals Earning Purely Compensation Income

- Birth Certificate or any valid identification card of applicant showing complete name, address, birth date and signature (Driver's license, PRC ID or passport)
- Marriage Contract, if applicable
- Waiver of husband to claim additional exemption, if applicable
- Birth Certificate of dependents, if applicable
- Employment Certificate or valid company ID with picture and signature, if available

POSSESSION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IS CRIMINALLY PUNISHABLE PURSUANT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.



Application for Registration

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

354 878 710 0000
New TIN to be issued, if applicable (To be filled 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) (MM/DD/YYYY)	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 type="checkbox"/> Male <input checked="" type="checkbox"/> Female	6 Citizenship FIIPIND
7 Taxpayer's Name Last Name: VILORDON First Name: ANOELINE Middle Name: NA	8 Date of Birth (MM/DD/YYYY) 11/22/1997	10 Telephone No. 09 20249167
9 Local Residence Address No. (Include Building Name): SPO. NIKE ENVERSIDE Street: LOWER TINGNARAN Barangay/Subdivision: NINIGLANILCA CFB, 6046 District/Municipality: City/Province: 6046	11 Zip Code 6046	12 Municipality Code

13 Foreign Residence Address

14 Tax Type Income Tax <input type="checkbox"/> Form Type <input type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)	ATC II 011
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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"/> Widow/Widower <input type="checkbox"/> Married <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
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		
18 Spouse Information (Attach Waiver of Husband)		
18A Spouse Taxpayer Identification Number 0000	18B Spouse Name Last Name: First Name: Middle Name:	18C Spouse Employer's Taxpayer Identification Number
18D Spouse Employer's Name Last Name: First Name: Middle Name:		

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).

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Mark if Maritally / Physically Incapacitated
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
 Successive employments (With previous employer(s) within the calendar year)
 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)

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.

ANOELINE VILORDON
TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT
(Signature over printed name)

Part V Employer Information

25 Type of Registered Office <input type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE	27 RDO Code (To be filled up by BIR)
26 Taxpayer Identification Number	28 Employer's Name (Last Name, First Name, Middle Name, if individual/ Registered Name, if Non-Individual)
29 Employer's Business Address	30 Zip Code
31 Municipality Code (To be filled up by the BIR)	33 Effectivity Date (Date when Exemption Information is applied) (MM/DD/YYYY)
32 Telephone Number	34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) (MM/DD/YYYY)

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.

ANOELINE VILORDON
EMPLOYER / AUTHORIZED AGENT
(Signature over printed Name)

CIR
Title / Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt

Attachments Complete?
(To be filled up by BIR)
 Yes No

ATTACHMENTS: (Photocopy only)
For Individuals Earning Purely Compensation Income
- Birth Certificate or any valid identification card of applicant showing complete name, address, birth date and signature (Driver's license, PRC ID or passport);
- Marriage Contract, if applicable
- Waiver of husband to claim additional exemption, if applicable
- Birth Certificate/s of dependent/s, if applicable
- Employment Certificate or valid company ID with picture and signature, if available

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