

To be filed up by BIR

DLN:



Republic of the Philippines
Kagawaran ng Pansalakap
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

354 075 854 0000
(See Instructions for Applicable Fields)

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 02/06/2019	3 RDO Code 081
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Part I Taxpayer / Employee Information

4 TIN	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6 Citizenship FILIPINO
7 Taxpayer's Name DELA CRUZ, LANZ RAY BORNEO	8 Date of Birth 09/13/1996	10 Telephone No.
9 Local Residence Address TORMIS ST. SAMBAG I (POB.) CEBU CITY CEBU CITY, CEBU	11 Zip Code 6000	12 Municipality Code
13 Foreign Residence Address		

14 Tax Type Form Type <input checked="" type="checkbox"/> Regular Tax <input type="checkbox"/> BIR Form 1900 - (For Individuals Earning Purely Compensation Income/Resident Alien Employee)	ATC B 011
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Part II Personal Exemptions

16 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Legally separated <input type="checkbox"/> with qualified dependent children	<input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input checked="" type="checkbox"/> without qualified dependent children	18 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 (Attach Waiver of Husband)		
19 Spouse Information		
19A Spouse Taxpayer Identification Number	19B Spouse Name	
19C Spouse Employer's Taxpayer Identification Number	19D Spouse Employer's Name	

Part III Additional Exemptions

19 Names of Qualified Dependent Children (refers to a legitimate, legitimated, 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 Monthly Income-based
19A	19B	19C	19D	19E
20A	20B	20C	20D	20E
21A	21B	21C	21D	21E
22A	22B	22C	22D	22E

Part IV For Employees Who Top or Have Employers (Multiple Employers) Within the Calendar Year

23 Type of multiple employment <input type="checkbox"/> Successive employment(s) within the calendar year <input type="checkbox"/> Concurrent employment(s) 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	(To be filled up by BIR)
28 Employer's Name (Last Name, First Name, Middle Name, if Individual/Registered Name, if Non-Individual) PLOY 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
32 Telephone Number 2333586	33 Effectivity Date (Date when Exemption Information is applied) 02/08/2019
34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) 02/06/2019	

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.	Stamp of BIR Receiving Office and Date of Receipt
EMPLOYER / AUTHORIZED AGENT (Signature over printed Name)	Attachments Complete? (To be filled up by BIR) <input type="checkbox"/> Yes <input type="checkbox"/> No

ATTACHMENTS: (Photocopy only)

For Individuals Earning Purely Compensation Income

- Birth Certificate or any valid identification card (if 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 Certificates of dependents, if applicable
- Employees 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.