



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

294 568 292 000
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 Local Employee 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)

Part I Taxpayer / Employee Information

4 TIN (For Taxpayer w/ existing TIN) 0000

5 Sex Male Female

6 Citizenship FILIPINO

7 Taxpayer's Name
Last Name: PERALES First Name: VANSON Middle Name: BARTOLINI

8 Date of Birth (MM/DD/YYYY) 07/02/1989

9 Local Residence Address
No. (Include Building Name): 45 Street: ESTEHONOR COMPOUND Barangay/Subdivision: ALABANG
District/Municipality: MUNTINLUPA City/Province:

10 Telephone No.

11 Zip Code

12 Municipality Code

13 Foreign Residence Address

14 Tax Type: Income Tax Form Type: BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee) ATC II 011

Part II Personal Exemptions

16 Civil Status: Single Legally separated with qualified dependent child/ren without qualified dependent child/ren

17 Employment Status of Spouse: Unemployed Employed Locally Employed Abroad Engaged in Business/Practice of Profession

18 Spouse Information: Husband claims additional exemption and any premium deduction Wife claims additional exemption and any premium deduction (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:

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 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: 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.

TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT
Signature over printed name: *VANSON BARTOLINI PERALES*

Part V Employer Information

25 Type of Registered Office: HEAD OFFICE BRANCH OFFICE

26 Taxpayer Identification Number: 000 388 777 000

27 RDO Code (To be filled up by BIR)

28 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual): *Jollibee Foods Corporation*

29 Employer's Business Address: *Jollibee Festival Mall Level 1 ALABANG, MUNTINLUPA CITY*

30 Zip Code

31 Municipality Code (To be filled up by BIR)

32 Telephone Number

33 Effectivity Date (Date when Exemption Information is applied) (MM/DD/YYYY)

34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) (MM/DD/YYYY)

36 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

[Signatures]