

To be filled 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

340 139 158 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 checked="" type="checkbox"/> Local Employee <input type="checkbox"/> Resident Alien Employee	2 Date of Registration 08/26/2017	3 RDO Code 043
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### Part I Taxpayer / Employee Information

4 TIN	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	5 Citizenship FILIPINO
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7 Taxpayer's Name RUIZ, BARBARA TRIA CABUGNASON	8 Date of Birth 04/11/1996
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6 Local Residence Address 501 PEÑARANDA COMPOUND F. CRUZ ST. MALIBAY PASAY CITY, NCR	10 Telephone No.	11 Zip Code 1300	12 Municipality Code
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13 Foreign Residence Address
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14 Tax Type Income Tax	Form Type <input checked="" type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income) <input type="checkbox"/> BIR Form 1701 - (For Resident Alien Employee)	ATG 1011
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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/en	<input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input checked="" type="checkbox"/> without qualified dependent child/en	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	18A Spouse Taxpayer Identification Number	18B Spouse Name	18C Spouse Employer's Taxpayer Identification Number	18D Spouse Employer's Name
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### Part III Additional Exemptions

19 Names of Qualified Dependent Child/en (refers to a legitimate, illegitimate, or legally adopted child who is 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)
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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 Employees 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

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.
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TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT (Signature over printed name)
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### Part V Employer Information

25 Type of Registered Office <input checked="" type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE	26 Taxpayer Identification Number 004639744	27 RDO Code (To be filled up by BIR) 126
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28 Employer's Name (Last Name, First Name, Middle Name, if individual/ Registered Name, if Non-individual) TELEPHILIPPINES INCORPORATED
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29 Employer's Business Address EDSA CENTRAL IT CENTER 2, UNITED ST. CORNER EDSA, GREENFIELD DISTRICT, CITY OF PASIG
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30 Zip Code 1552	31 Municipality Code (To be filled up by the BIR)	32 Telephone Number 685-8000	33 Effectivity Date (Date when Exemption Information is applied) 08/26/2017	34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) 08/26/2017
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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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EMPLOYER / AUTHORIZED AGENT (Signature over printed Name)	Title / Position of Signatory	Attachments Complete? (To be filled up by BIR) <input type="checkbox"/> Yes <input type="checkbox"/> No
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#### ATTACHMENTS: (Photocopy only)

- 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 Certificates 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.