



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internasyunal

# Application for Registration

# 1902

July 2008 (ENCS)

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

746 057 890  
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.  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) **08**

**Taxpayer / Employee Information**

4. Taxpayer's TIN: \_\_\_\_\_

5. Sex:  Male  Female

6. Citizenship: **FILIPINO**

7. Taxpayer's Name: **LACUNA KARYL MAE MONTECALVO**  
Last Name First Name Middle Name

8. Date of Birth: **08 07 1999**  
(MM/DD/YYYY)

9. Local Residence Address: **704 - G CAMANSI MAMBALING**  
No. (Include Building Name) Street Barangay/Subdivision

10. Telephone No.: \_\_\_\_\_

11. Zip Code: **6000**

12. Municipality Code: **6000**

13. Foreign Residence Address: \_\_\_\_\_

14. Tax Type:  Income Tax  **BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)**

Form Type: **ATE II 011**

**Part II Personal Exemptions**

15. Civil Status:  Single  Legally separated  Widow/Widower  Married

16. Employment Status of Spouse:  Unemployed  Employed Locally  Employed Abroad  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:  Husband claims additional exemption and any premium deduction  Wife claims additional exemption and any premium deduction (Attach Waiver of Husband)

18. Spouse information:

18A. Spouse Taxpayer Identification Number: \_\_\_\_\_

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.

**KARYL MAE M. LACUNA**  
TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT  
(Signature over printed name)

**Part V Employer Information**

25. Type of Registered Office:  HEAD OFFICE  BRANCH OFFICE

26. Taxpayer Identification Number: **484 034 961 000**

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): **IPCOY INC.**

29. Employer's Business Address: **9TH FLR., AYALA CENTER CEBU TOWER, CEBU BUSINESS PARK**

30. Zip Code: **6000**

31. Municipality Code (To be filled up by BIR): \_\_\_\_\_

32. Telephone Number: \_\_\_\_\_

33. Effectivity Date (Date when Exemption Information is applied): \_\_\_\_\_

34. Date of Certification (Date of Certification of the Exemption Information): \_\_\_\_\_

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.

**JACUAN M. MANANAN**

Stamp of BIR Receiving Office and Date of Receipt: **JUL 10 2008**  
**RECEIVED**  
**RAELNAR**  
**300-909-000**