



Application for Registration

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

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 (To be filled up by BIR) MM/DD/YYYY	3 RDO Code (To be filled up by BIR) 081
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Part I Taxpayer / Employee Information

4 TIN (For Taxpayer w/ existing TIN) 496 760 289 0000	5 Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6 Citizenship FILIPINO
7 Taxpayer's Name Last Name: ROSALDO First Name: VAN ROY Middle Name: ROSAS	8 Date of Birth (MM/DD/YYYY) 07/28/1998	
9 Local Residence Address No. (Include Building Name): 800 HOYOHAY ST Street: BUSAY	10 Telephone No.	
District/Municipality: CEBU City/Province: CEBU CITY	11 Zip Code 6000	12 Municipality Code
13 Foreign Residence Address		
14 Tax Type Income Tax <input type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)	Form Type ATC II 011	

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"/> 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 (Attach Waiver of Husband)		
18 Spouse information		
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	Previous and Concurrent Employments During the Calendar Year	Name of Employer/s

24 Declaration
I declare, under the penalties of perjury, that this form was 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.

VAN ROY R. ROSALDO
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	26 Taxpayer Identification Number 484 634 901 000	27 RDO Code (To be filled up by BIR) 081
28 Employer's Name (Last Name, First Name, Middle Name, if Individual/Registered Name, if Non-Individual) IPLDY INC		
29 Employer's Business Address 1174 FLR MSU TOWER, CEBU BUSINESS PARK, C		
30 Zip Code 6000	31 Municipality Code	33 Effectivity Date (Date when Exemption Information is applied)
32 Telephone Number	34 Date of Certification (Date of Certification of the Accuracy 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.

MA. LUISA O. NUNAN
EMPLOYER / AUTHORIZED AGENT
(Signature over printed Name)

HR Director
Title / Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt

Attachments Complete?
 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 of dependent(s), 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.