

(To be filled out by BIR) DLN:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1902

January 2018 (FNCS)

For Individuals Earning Purely Compensation Income
(Local and Alien Employee)

744-520-535-000000

New TIN to be issued, if applicable (To be filled out by BIR)

Fill in all applicable white spaces. Write "NA" for those not applicable. Mark all appropriate boxes with an "X"

Part I - Taxpayer/Employee Information

1 PhilSys Number (PSN)		2 Taxpayer Type <input type="checkbox"/> Local <input type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien		3 BIR Registration Date (To be filled out by BIR) (MM/DD/YYYY)	
4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN)				5 RDO Code (To be filled out by BIR)	
6 Taxpayer's Name Last Name: SABORBORO Middle Name: MIALAKI First Name: LEYZON Suffix:					
7 Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female					
8 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated					
9 Date of Birth (MM/DD/YYYY) 05/10/1999		10 Place of Birth # INUNANGAN SO. 'LUTE			
11 Mother's Maiden Name (First Name, Middle Name, Last Name) DEVORA PAGANPAN MALAKI					
12 Father's Name (First Name, Middle Name, Last Name) JALME GUNDAY SABORBORO					
13 Citizenship FILIPINO			14 Other Citizenship		
15 Local Residence Address Unit/Room/Floor/Building No. Building Name/Tower Lot/Block/Phase/House No. Street Name Subdivision/Village/Zone UR DELLO ST. Barangay Town/District SAMBAGA 1 Municipality/City EBU CITY					
16 Foreign Address ZIP Code 6000					

17 Municipality Code (To be filled out by BIR)		18 Tax Type INCOME TAX		19 Form Type BIR Form No. 1700		20 ATC II 011	
21 Identification Details (e.g. passport, government issued ID, company ID, etc.)							
Type		Number		Effective Date (MM/DD/YYYY)		Expiry Date (MM/DD/YYYY)	
22 Preferred Contact Type <input checked="" type="checkbox"/> Landline No. <input checked="" type="checkbox"/> Mobile Number 09463582293				<input checked="" type="checkbox"/> Email Address (required) leyzonmsaborbororo@gmail.com			

Part II - Spouse Information (if applicable)

23 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					
24 Spouse Name Last Name: Middle Name: First Name: Suffix:					
25 Spouse TIN 000000					
26 Spouse Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)					
27 Spouse Employer's TIN					

Part III - For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year

26 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)

Previous and/or Concurrent Employments During the Calendar Year

29A Name of Employer

29B TIN of Employer

30A Name of Employer

30B TIN of Employer

31A Name of Employer

31B TIN of Employer

32 Declaration

I declare under the penalties of perjury that this application, and all its attachments, have 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. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

JAYSON M. SIBORIBORO
Taxpayer (Employee) / Authorized Representative
(Signature over Printed Name)

Part IV - Primary/Current Employer Information

33 Type of Registering Office

- Head Office
- Branch Office

34 TIN

35 RDO Code

36 Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)

J.P. HOY, INCORPORATED

37 Employer's Address

Unit/Room/Floor/Building No.

Building Name/Tower

9TH

AYALA CENTER CEBU TOWER

Lot/Block/Phase/House No.

Street Name

Subdivision/Village/Zone

Barangay

CEBU BUSINESS PARK

Municipality/City

Town/District

Province

ZIP Code

CEBU

6000

Landline Number

Fax Number

Mobile Number

39 Relationship Start Date/Date Employee was Hired (MMDDYYYY)

40 Municipality Code (to be filled out by BIR)

41 Declaration

I declare under the penalties of perjury that this application and all its attachments, have 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. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

Jayson M. Siboriboro
EMPLOYER AUTHORIZED REPRESENTATIVE
(Signature over Printed Name)

HR
Title/Position of Signatory



*Note: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)

Documentary Requirements:

For Local Employee:

- 1. Any identification issued by an authorized government body (e.g. Birth Certificate, Passport, Driver's License, etc.) that shows the name, address and birthdate of the applicant.
- 2. Marriage Contract, if applicable.

For Alien Employee:

- 1. Passport
- 2. Working Permit or photocopy of duly received Application for Alien Employment (AEP) by the Department of Labor and Employment (DOLE)