

(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 (ENCS)

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

744 518 284 00000

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: LUGO
Middle Name: ROSALADA
First Name: ALYN MAY THERESE
Suffix: _____

7 Gender
 Male Female

8 Civil Status
 Single Married Widower Legally Separated

9 Date of Birth (MM/DD/YYYY): 05/03/2001

10 Place of Birth: CEBU CITY, CEBU

11 Mother's Maiden Name (First Name, Middle Name, Last Name): ESTRELLA BARELLANO ROSALADA

12 Father's Name (First Name, Middle Name, Last Name): ALENOGENES CEMPRON LUGO

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: CARAJAY

Subdivision/Village/Zone: _____ Barangay: GUN-OB

Town/District: _____ Municipality/City: LAPU-LAPU CITY

Province: CEBU ZIP Code: 6015

16 Foreign Address: _____

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)

Issuer: _____ Place/Country of Issue: _____

22 Preferred Contact Type
 Landline No. _____ Mobile Number: 09222854706

Email Address (required): lugotherese@gmail.com

Part II - Spouse Information (if applicable)

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

24 Spouse Name

Last Name: _____ First Name: _____

Middle Name: _____ Suffix: _____

25 Spouse TIN: _____ 00000

26 Spouse Employer's Name (Last Name, First Name, Middle Name, if Individual) (Registered Name, if Non Individual): _____

27 Spouse Employer's TIN: _____