



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Application for Registration

BIR Form No.

1902

Rev. 2008 (ENCS)

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

746 058 758
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)
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Part I Taxpayer / Employee Informatic

4 TIN (For Taxpayer w/ existing TIN)	5 Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	6 Citizenship Filipino
7 Taxpayer's Name Last Name: Navina, First Name: Xaine Nicole, Middle Name: Nimaling	8 Date of Birth (MM/DD/YYYY) 12/15/1995	10 Telephone No. 239 2701
9 Local Residence Address No. (include Building Name): Bk 5 lot 40, Street: Na 2. Esmeras, Barangay/Subdivision: Palm Heights Synd. Park	11 Zip Code 6014	12 Municipality Code 6014
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"/> Widow/Widower <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		
18 Spouse Information (Attach Waiver of Husband)		
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	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 there:

TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT
(Signature over printed name)

Part V Employer Information

25 Type of Registered Office <input type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE	26 Taxpayer Identification Number 484 634 961 000	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) Iploy INC.		
29 Employer's Business Address 9th Flr., Ayala Center Cebu Tower, Bohol St., Cebu Business Park		
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

Signature of Taxpayer: Xaine Nicole Navina
Signature of Employer: _____
Title / Position of Signator: _____

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/s 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.