

To be filed up by: BR

DLN:



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Application for Registration

BIR Form No.

1902

July 2008 (ENCS)

348 401 126 0000
New TINs to be issued. If applicable, the date of issuance of TINs.

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

Fill in all applicable white spaces. Mark all appropriate boxes with an 'X'.

1 Taxpayer Type Local Employee Resident Alien Employee 2 Date of Registration 07/25/2018 3 RDO Code 081

Part I Taxpayer / Employee Information

4 TIN _____ Sex Male Female 6 Citizenship FILIPINO

7 Taxpayer's Name EMETERIO, CHELLE MAE ISALES 8 Date of Birth 07/31/1996

9 Local Residence Address LAMBUG 10 Telephone No. _____
BADIAN, CEBU 11 Zip Code _____ 12 Municipality Code _____

13 Foreign Residence Address _____

14 Tax Type Form Type
Income Tax BIR Form 1700 - (For individuals Earning Compensation Income/Resident Alien Employee) ATC
1.011

Part II Personal Exemptions

15 Civil Status: Single Widowed/Widower Legally separated Married with qualified dependent children without qualified dependent children

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 (Attach Waiver of Husband)

18A Spouse Taxpayer Identification Number _____ 18B Spouse Name _____
18C Spouse Employer's Taxpayer Identification Number _____ 18D Last Name _____ First Name _____ Middle Name _____
18E Spouse Employer's Name _____

Part III Additional Exemptions

19 Names of Qualified Dependent Children (refers to a legitimate, legitimated, or legally adopted child who is 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 Identical / 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 Employer With Two or More Employers (Multiple Employments Within the Calendar Year)

23 Type of multiple employment: 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 Concurrent Employments During the Calendar Year

TIN	Name of Employers

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.

TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT

Part V Employer Information

25 Type of Registered Office HEAD OFFICE BRANCH OFFICE
26 Taxpayer Identification Number 26668773 27 RDO Code 081

28 Employer's Name (Last Name, First Name, Middle Name, if Individual/Registered Name, if Non-Individual)
ACCESS E-TALK PLUS INC

29 Employer's Business Address U1102-1103 11/F KEPPEL CENTER CEBU BUSINESS PARK BRGY LUZ CEBU CITY

30 Zip Code 6000 31 Municipality Code _____ 32 Telephone Number _____ 33 Effectivity Date 07/25/2018 34 Date of Certification 07/25/2018

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.

Stamp of BIR Receiving Office and Date of Receipt

EMPLOYER / AUTHORIZED AGENT Title / Position of Signatory
(Signature over printed Name)

Attachments Complete? (To be filled up by BR) 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 Certificates of dependents, 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.