To be filled up by BIR ▸ DLN:

Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Application for Registration

BIR Form No. **1902**
July 2008 (ENCS)

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): 240 699 442

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

1 Taxpayer Type ▸ [X] Local Employee [ ] 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) ▸ 08

Part I — Taxpayer / Employee Information

4 TIN (For Taxpayer w/ existing TIN) ▸ 0000

5 Sex ▸ [X] Male [ ] Female

6 Citizenship ▸ FILIPINO

7 Taxpayer's Name ▸ CADA (Last Name) JERALDVEN (First Name) CABUSOG (Middle Name)

8 Date of Birth ▸ 01/29/1997 (MM/DD/YYYY)

9 Local Residence Address ▸ 894 (No. (include Building Name)) L. ROVIRA ROAD (Street) PULANTUBIG (Barangay/Subdivision)
DUMAGUETE CITY (District/Municipality) NEGROS ORIENTAL (City/Province)

10 Telephone No. ▸

11 Zip Code ▸ 6200

12 Municipality Code ▸

13 Foreign Residence Address ▸

14 Tax Type: Income Tax — Form Type: [ ] BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee) — ATC: II 011

Part II — Personal Exemptions

15 ▸ Civil Status
[X] Single [ ] Widow/Widower
[ ] Legally separated [ ] Married
[ ] with qualified dependent child/ren [ ] without qualified dependent child/ren

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

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))

Previous and Concurrent Employments During the Calendar Year

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 thereof.

JERALDVEN C. CADA
TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT
(Signature over printed name)

Part V — Employer Information

25 Type of Registered Office [ ] HEAD OFFICE [ ] 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 (To be filled up by the BIR) ▸

32 Telephone Number

33 Effectivity Date (Date when Exemption Information is applied) ▸ (MM/DD/YYYY)

34 Date of Certification (Date of Certification of the Exemption Information) ▸ (MM/DD/YYYY)

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.

Jayca Anne Gabuyn
EMPLOYER / AUTHORIZED AGENT
(Signature over printed Name)

HR
Title / Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt

Attachments Complete? (To be filled up by BIR) [ ] Yes [ ] No

TIN Issued (Signature of personnel)

JUL 09 2018

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, passport, etc.)
- 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.