

To be filed out by BIR/ DLN:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1902

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

January 2018 (ENCS)

24 253 000 000
New TIN to be issued, if applicable (To be filed 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 filed out by BIR) (MM/DD/YYYY)
4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN)	5 RDO Code (To be filed out by BIR)	

6 Taxpayer's Name Last Name: SAINEZ Middle Name: ROMAN CAGUMBAY First Name: RALPH ROMAN Suffix:		7 Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
8 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Legally Separated	9 Date of Birth (MM/DD/YYYY) 07/29/1993	10 Place of Birth MALABANG, LANAD, DEL SUR

11 Mother's Maiden Name (First Name, Middle Name, Last Name) LORLIE TAGALOGON CAGUMBAY	12 Father's Name (First Name, Middle Name, Last Name) JOHN BACAYO SAINEZ
13 Citizenship FILIPINO	14 Other Citizenship

15 Local Residence Address Unit/Room/Floor/Building No. Building Name/Tower		Street Name	
Lot/Block/Phase/House No. Subdivision/Village/Zone MURILLO SUBDIVISION		Barangay QUINT	
Municipality/City CEBU CITY		Province CEBU	
18 Foreign Address		ZIP Code 6000	

17 Municipality Code (To be filed 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 <input checked="" type="checkbox"/> Landline No. 2380683 <input checked="" type="checkbox"/> Email Address (required) ralph.sainez@gmail.com		<input checked="" type="checkbox"/> Mobile Number 09424165068	

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 00000
26 Spouse Employer's Name (Last Name & First Name, Middle Name, if Individual) (Registered Name, if Non-Individual)		27 Spouse Employer's TIN

OCT 07 2015