

1902 REQUIREMENTS

CERTIFICATE OF EMPLOYMENT

SIGNATURE OF EMPLOYEE

NSO / any VALID ID

# Form for Registration

BIR Form No.

# 1902

January 2018 (ENCS)

297 497 310 00000  
New TIN to be issued, if applicable (To be filled out by BIR)

Mark all appropriate boxes with an "X"

## Employer/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 <small>(To be filled out by BIR) (MM/DD/YYYY)</small>
4 Taxpayer Identification Number (TIN) <small>(For Taxpayer with existing TIN)</small>	5 RDO Code <small>(To be filled out by BIR)</small>	

6 Taxpayer's Name

Last Name: VANGUARDIA Middle Name: COMENDADOR First Name: KLOE MAE Suffix: \_\_\_\_\_

7 Gender  Male  Female

8 Civil Status  Single  Married  Widower  Legally Separated

9 Date of Birth (MM/DD/YYYY) 05/01/1991 10 Place of Birth CEBU CITY

11 Mother's Maiden Name (First Name, Middle Name, Last Name)  
OMEGA RENDA REINA ARIDEDON COMENDADOR

12 Father's Name (First Name, Middle Name, Last Name)  
RICARDO MONTEJO VANGUARDIA

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 Y. BANEZ COMPOUND CADILLA ST.

Subdivisor/Village/Zone \_\_\_\_\_ Barangay \_\_\_\_\_

Town/District \_\_\_\_\_ Municipality/City CEBU CITY

Province CEBU ZIP Code \_\_\_\_\_

16 Foreign Address \_\_\_\_\_

17 Municipality Code \_\_\_\_\_ 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)
<u>PASSPORT</u>	<u>P3476555A</u>	<u>06/23/2017</u>	<u>06/22/2022</u>
Issuer	<u>DFA BACOLOD</u>		Place/Country of Issue <u>PHILIPPINES</u>

22 Preferred Contact Type  Landline No. \_\_\_\_\_  Mobile Number 09771214005

Email Address (required) KIOMACOVANO3@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 \_\_\_\_\_