



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internasyonal

Application for Registration

2 4 6 6 2 9 8 4 8 0 0 0

New TIN to be issued, if applicable
(To be filled up by BIR)

For individuals Earning Purely Compensation Income,
and Non-Resident Citizens/OCWs/Seafarers Earning Purely
Foreign-Sourced Income

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

1 Taxpayer Type: Local Employee Non-Resident Citizen/OCW/Seafarer

3 TIN: 000-000-0000-0000-0000-0000-0000-0000-0000-0000
4 Date of Birth: 03/12/89
5 Sex: Male Female

6 Taxpayer's Name: Last Name: SIACOR, First Name: DESIREE, Middle Name: MONTES

7 Citizenship: FILIPINO, 8 Date of Birth: 10/31/1984

9 Local Residence Address: 392 M. Pepito St., Poblacion Occidental Consolacion Cebu
Consolacion, Consolacion Cebu

10 ZIP Code: 6001, 11 Municipality Code: (To be filled up by BIR), 12 Telephone Number: 4236509

13 Registered Address (choose one): Residence Employer's Business Address

14 Foreign Residence Address

15 Tax Type: Salary Other Compensation Other Income

16 Civil Status: Single/Widow/Widower/Legally Separated (No dependents) Head of the Family Single with qualified dependent Legally separated with qualified dependent Widow/Widower with qualified dependent Separately a qualified seaman citizen (RA No. 7432) Married Unemployed Employed Locally Employed Abroad Engaged in Business/Practice of Profession

17 Claims for Additional Exemptions/Premium Deductions for Husband and Wife whose total 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: Spouse Taxpayer Identification Number: [Blank], Spouse Name: [Blank], Spouse Employer's Taxpayer Identification Number: [Blank], Spouse Employer's Name: [Blank]

Part III: Additional Exemptions

Section A: Number and Names of Qualified Dependent Children

20 Number of qualified dependent children: [Blank]

21 Names of Qualified Dependent Children

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Mark as: (Indicating Incapacitated)
21A	21B	21C	21D	21E
22A	22B	22C	22D	22E
23A	23B	23C	23D	23E
24A	24B	24C	24D	24E