

(To be filled out by BIR) DLN: _____



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1902

January 2018 (ENCS)

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

362 - 295 - 686 - 00000
New TIN to be issued, if applicable (To be filled 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 checked="" type="checkbox"/> Local <input type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien | 3 BIR Registration Date (To be filled out by BIR) (MM/DD/YYYY) |
|------------------------|--|---|

| | |
|--|---|
| 4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN) | 5 RDO Code (To be filled out by BIR) |
|--|---|

| | |
|---|--|
| 6 Taxpayer's Name Last Name: V I T O Middle Name: G U R K E A First Name: J A N N A H M A R I E Suffix: | 7 Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
|---|--|

| |
|---|
| 8 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/w <input type="checkbox"/> Legally Separated |
|---|

| | |
|---|--|
| 9 Date of Birth (MM/DD/YYYY): 1 2 2 9 1 9 9 8 | 10 Place of Birth: S A N J O S E D E L M O N T E B U L A C A N |
|---|--|

| |
|---|
| 11 Mother's Maiden Name (First Name, Middle Name, Last Name): M A . L A U R E N F A V E G U R K E A |
|---|

| |
|--|
| 12 Father's Name (First Name, Middle Name, Last Name): M A R I O G A B U C A N V I T O |
|--|

| | |
|---------------------------------|-----------------------|
| 13 Citizenship: F I L I P I N O | 14 Other Citizenship: |
|---------------------------------|-----------------------|

| | |
|--|---|
| 15 Local Residence Address Unit/Room/Floor/Building No.: 2 9 6 - L Lot/Block/Phase/House No.: Subdivision/Village/Zone: G O N Z A L E S C O M P O U N D | Building Name/Tower: Street Name: Barangay: K A M P U T H A W |
|--|---|

| | | | |
|------------------------|------------------------------------|-------------------|-------------------|
| Town/District: C E B U | Municipality/City: C E B U C I T Y | Province: C E B U | ZIP Code: 6 0 0 0 |
|------------------------|------------------------------------|-------------------|-------------------|

| |
|-------------------------|
| 16 Foreign Address: N A |
|-------------------------|

| | | | |
|--|--------------------------------|---|-------------------|
| 17 Municipality Code (To be filled out by BIR) | 18 Tax Type: I N C O M E T A X | 19 Form Type: B I R F o r m N o . 1 7 0 0 | 20 ATC: I I 0 1 1 |
|--|--------------------------------|---|-------------------|

| | | | |
|---|------------------------|-----------------------------|--------------------------|
| 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 type="checkbox"/> Landline No. <input checked="" type="checkbox"/> Mobile Number: 6 9 5 6 6 5 1 6 5 6 9 |
| <input checked="" type="checkbox"/> Email Address (required): j a n n a h m a r i e v i t o @ g m a i l . c o m |

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: _____ First Name: _____ |
|--|

Part III - For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year

28 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/or Concurrent Employments During the Calendar Year

| | | | |
|-----------------------------|--|----------------------------|--|
| 29A Name of Employer | | 29B TIN of Employer | |
| 30A Name of Employer | | 30B TIN of Employer | |
| 31A Name of Employer | | 31B TIN of Employer | |

32 Declaration

I declare under the penalties of perjury that this application, and all its attachments, have 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. Further, I give my consent to the processing of my information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.


JANNAH MARIE VITO
 Taxpayer(Employee)/Authorized Representative
 (Signature over Printed Name)

Part IV - Primary/Current Employer Information

| | | |
|---|---------------|--------------------|
| 33 Type of Registering Office <input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office | 34 TIN | 35 RDO Code |
|---|---------------|--------------------|

36 Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)

EMPLOY STAFFING SOLUTIONS

37 Employer's Address

| | |
|---|--|
| Unit/Room/Floor/Building No. 9TH FLOOR | Building Name/Tower AYALA CENTER CEBU TOWER |
| Lot/Block/Phase/House No. | Street Name BOHOL STREET |
| Subdivision/Village/Zone | Barangay CEBU CITY |
| Town/District | Municipality/City |
| Province | ZIP Code 6000 |

38 Contact Details

| | | |
|-----------------|------------|---------------|
| Landline Number | Fax Number | Mobile Number |
|-----------------|------------|---------------|

39 Relationship Start Date/Date Employee was Hired (MM/DD/YYYY)

40 Municipality Code (To be filled out by BIR)

41 Declaration

I declare under the penalties of perjury that this application and all its attachments, have 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. Further, I give my consent to the processing of my information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

Stamp of BIR Receiving Office and Date of Receipt

EMPLOYER/AUTHORIZED REPRESENTATIVE
(Signature over Printed Name)

Title/Position of Signatory

*Note: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)

Documentary Requirements:

For Local Employee:

- 1. Any identification issued by an authorized government body (e.g. Birth Certificate, Passport, Driver's License, etc.) that shows the name, address and birthdate of the applicant.
- 2. Marriage Contract, if applicable.

For Alien Employee:

- 1. Passport
- 2. Working Permit or photocopy of duly received Application for Alien Employment (AEP) by the Department of Labor and Employment (DOLE)



User Menu

[TIN Issuance for Employee Reports](#)

Success

VITO, JANNAH MARIE NA GURREA is now registered with the BIR as **Local Employee** under **Revenue District Office (RDO) 081** with Taxpayer Identification Number **362295686-0000** .

Secure your TIN card.

Receive further instructions from the RDO.

To issue TIN for another employee, please click on TIN Issuance for Employees

[Download BIR Form 1902](#)