



Application for Registration

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

____ - ____ - ____ - **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 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) 07/31/2020
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4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN) ____ - ____ - ____ - 00000	5 RDO Code (To be filled out by BIR) ____
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6 Taxpayer's Name

Last Name: L A C A B A
Middle Name: _____
First Name: M I A J A M I C A K E S I N E T H
Suffix: _____

7 Gender
 Male Female

8 Civil Status Single Married Widow/er Legally Separated

9 Date of Birth (MM/DD/YYYY) 10/26/1999	10 Place of Birth S I T I O M A N G G A T I S A C E B U C I T Y
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11 Mother's Maiden Name (First Name, Middle Name, Last Name)
J A N E T H B E N T I L L O L A C A B A

12 Father's Name (First Name, Middle Name, Last Name)
A L W I N I A N O Y A O G U A C A

13 Citizenship F I L I P I N O	14 Other Citizenship _____
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15 Local Residence Address

Unit/Room/Floor/Building No. _____ Building Name/Tower _____
Lot/Block/Phase/House No. _____ Street Name _____
Subdivision/Village/Zone _____ S I T I O M A N G G A Barangay _____
Town/District _____ T I S A Municipality/City _____
Province _____ C E B U C I T Y ZIP Code 6000

16 Foreign Address

17 Municipality Code (To be filled out by BIR)	18 Tax Type INCOME TAX	19 Form Type BIR Form No. 1700	20 ATC II 011
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21 Identification Details (e.g. passport, government issued ID, company ID, etc.)

Type	Number	Effective Date (MM/DD/YYYY)	Expiry Date (MM/DD/YYYY)
POLICE CLEARANCE	C E B 9 3 3 2 7 8 8	07/21/2020	07/20/2021
Issuer	Place/Country of Issue CEBU, PHILIPPINES		

22 Preferred Contact Type Landline No. _____ Mobile Number 09455997249

Email Address (required)
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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
____ - ____ - ____ - _____

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.

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

37 Employer's Address

<i>Unit/Room/Floor/Building No.</i>	<i>Building Name/Tower</i>
<i>Lot/Block/Phase/House No.</i>	<i>Street Name</i>
<i>Subdivision/Village/Zone</i>	<i>Barangay</i>
<i>Town/District</i>	<i>Municipality/City</i>
<i>Province</i>	<i>ZIP Code</i>

38 Contact Details

Landline Number	Fax Number	Mobile Number
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39 Relationship Start Date/Date Employee was Hired <i>(MM/DD/YYYY)</i>	40 Municipality Code <i>(To be filled out by BIR)</i>
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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)

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.