



# Application for Registration

For Individuals Earning Purely Compensation Income,  
and Non-Resident Citizens / Resident Alien Employee

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

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

<b>1 Taxpayer Type</b> <input type="checkbox"/> Local Employee <input type="checkbox"/> Resident Alien Employee	<b>2 Date of Registration</b> (To be filled up by BIR)	<b>3 RDO Code</b> (To be filled up by BIR)
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**Part I Taxpayer / Employee Information**

<b>4 TIN</b> (For Taxpayer w/ existing TIN)	<b>5 Sex</b>	<b>6 Citizenship</b>
[TIN Field]	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	FILIPINO
<b>7 Taxpayer's Name</b>		<b>8 Date of Birth</b>
AQUINO JANETTE TRINA LEIGH LUZON <small>Last Name First Name Middle Name</small>		0131181916 <small>(MM/DD/YYYY)</small>
<b>9 Local Residence Address</b>		<b>10 Telephone No.</b>
25C DIGNOS COMPOUND ELIZABETH POND STREET BRGY. CAMPUHAW <small>No. (Include Building Name) Street Barangay/Subdivision</small>		[Telephone Field]
CEBU CITY <small>District/Municipality City/Province</small>		<b>11 Zip Code</b>
[Address Field]		6000
<b>12 Municipality Code</b>		
[Municipality Code Field]		
<b>13 Foreign Residence Address</b> [Field]		

<b>14 Tax Type</b> Form Type Income Tax <input type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)	<b>ATC</b> II 011
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**Part II Personal Exemptions**

<b>15 Civil Status</b> <input checked="" type="checkbox"/> Single <input type="checkbox"/> Legally separated <input type="checkbox"/> with qualified dependent child/ren	<b>16 Employment Status of Spouse:</b> <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Locally <input type="checkbox"/> Employed Abroad <input type="checkbox"/> Engaged in Business/Practice of Profession
<input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input type="checkbox"/> without qualified dependent child/ren	
<b>17 Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum</b> <input type="checkbox"/> Husband claims additional exemption and any premium deduction <input type="checkbox"/> Wife claims additional exemption and any premium deduction (Attach Waiver of Husband)	
<b>18 Spouse Information</b>	
<b>18A</b> Spouse Taxpayer Identification Number [Field]	<b>18B</b> Spouse Name [Field]
<b>18C</b> Spouse Employer's Taxpayer Identification Number [Field]	<b>18D</b> Spouse Employer's Name [Field]

**Part III Additional Exemptions**

**19 Names of Qualified Dependent Child/ren** (refers to a legitimate, illegitimate, or legally adopted child chiefly dependent upon & living with the taxpayer; not more than 21 years of age, unmarried, and not gainfully employed; or regardless of age, is incapable of self-support due to mental or physical defect).

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Mark if Mentally / Physically Incapacitated
19A	19B	19C	19D	19E
20A	20B	20C	20D	20E
21A	21B	21C	21D	21E
22A	22B	22C	22D	22E

**Part IV For Employee With Two or More Employers (Multiple Employments) Within the Calendar Year**

**23 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)]

TIN	Name of Employer/s

**24 Declaration**  
 I declare, under the penalties of perjury, that this form has 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.

AQUINO JANETTE TRINA LEIGH L.  
 TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT  
 (Signature over printed name)

**Part V Employer Information**

<b>25 Type of Registered Office</b> <input type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE	<b>27 RDO Code</b> (To be filled up by BIR)
<b>26 Taxpayer Identification Number</b>	
[TIN Field]	
<b>28 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual)</b> [Field]	
<b>29 Employer's Business Address</b> [Field]	
<b>30 Zip Code</b>	<b>31 Municipality Code</b> (To be filled up by the BIR)
[Zip Code Field]	[Municipality Code Field]
<b>32 Telephone Number</b>	<b>33 Effectivity Date</b> (Date when Exemption Information is applied)
[Telephone Field]	[Effectivity Date Field]
<b>34 Date of Certification</b> (Date of Certification of the Accuracy of the Exemption Information)	
[Date of Certification Field]	

<b>35 Declaration</b> I declare, under the penalties of perjury, that this form has 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.	Stamp of BIR Receiving Office and Date of Receipt
EMPLOYER / AUTHORIZED AGENT (Signature over printed Name)	Attachments Complete? (To be filled up by BIR) <input type="checkbox"/> Yes <input type="checkbox"/> No

**ATTACHMENTS:** (Photocopy only)  
 For Individuals Earning Purely Compensation Income  
 - Birth Certificate or any valid identification card of applicant showing complete name, address, birth date and signature (Driver's license, PRC ID or passport)  
 - Marriage Contract, if applicable  
 - Waiver of husband to claim additional exemption, if applicable  
 - Birth Certificate/s of dependent/s, if applicable  
 - Employment Certificate or valid company ID with picture and signature, if available

**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.**