

(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)

____ - ____ - ____ - **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) ____/____/____
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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: **B A R A N G A N** First Name: **A L Y S S A M A E**

Middle Name: **L A U R I T O** Suffix: _____

7 Gender Male Female

8 Civil Status Single Married Widow/er Legally Separated

9 Date of Birth (MM/DD/YYYY) **11/06/2000** **10** Place of Birth **M A T E R N I T Y H O S P I T A L**

11 Mother's Maiden Name (First Name, Middle Name, Last Name)
M A R I F E C O L I N A R E S L A U R I T O

12 Father's Name (First Name, Middle Name, Last Name)
M A N U E L T A B O A D A B A R A N G A N

13 Citizenship **F I L I P I N O** **14** Other Citizenship _____

15 Local Residence Address

Unit/Room/Floor/Building No. _____ Building Name/Tower _____

Lot/Block/Phase/House No. _____ Street Name _____

Subdivision/Village/Zone _____ Barangay **T A M B I S A N**

Town/District _____ Municipality/City **T I S A**

Province _____ Municipality/City **C E B U C I T Y**

Province _____ ZIP Code **6000**

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)

Issuer _____ Place/Country of Issue _____

22 Preferred Contact Type Landline No. _____ Mobile Number _____

Email Address (required) _____

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 Head Office Branch Office

34 TIN

35 RDO Code

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

37 Employer's Address

Unit/Room/Floor/Building No. 9 T H F L O O R	Building Name/Tower A Y A L A C E N T E R C E B U T O W E R
Lot/Block/Phase/House No.	Street Name C E B U B U S I N E S S P A R K
Subdivision/Village/Zone	Barangay
Town/District	Municipality/City C E B U C I T Y
Province C E B U	ZIP Code 6 0 0 0

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.


ALYSSA MAE L. BARANGAN
 EMPLOYER/AUTHORIZED REPRESENTATIVE
 (Signature over Printed Name)

CSR
 Title/Position of Signatory

Stamp of BIR Receiving Office
 and Date of Receipt

*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.