## Republic of the Philippines Application for Podistration

BIR Form No.

Department of Finance Bureau of Internal Revenue	1902
For Individuals Earning Purely Compensation Income (Local and Alien Employee)	January 2018 (ENCS)  - 0 0 0 0 0  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  Local Resident Alien	3 BIR Registration Date (To be filled out by BIR) (MM/DD/YYYY)  Special Non-Resident Alien
4 Taxpayer Identification Number (TIN)  (For Taxpayer with existing TIN)	- 0 0 0 0 0 5 RDO Code (To be filled out by BIR)
6 Taxpayer's Name  Last Name First Name	
M U A Ñ A	
CIAIRIAIBIUIEINIAIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Male / Female
8 Civil Status / Single Married Widow/e	Legally Separated
9 Date of Birth (MM/DD/YYYY) 10 Place of Birth	
0   6   2   9   2   0   0   1   C   E   B   U     C   I   T   Y	
MA, LUII,SA, YBA,ÑE,Z, CARABULE	, N, A, , , , , , , , , , , , , , , , ,
12 Father's Name (First Name, Middle Name, Last Name)	
S   M  P  L    C    O    P  A  C  A    M  U  A  Ñ  <sup>A</sup> A	
13 Citizenship 14 Other	Citizenship
F   I   L   I   P   I   N   O	Building Name/Tower
Lot/Block/Phase/House No.	
L OT 18 BLOCK 6 Subdivision/Village/Zone	
MILIRIAI MI OI NITIE I I CIAI MIEILILIAI I Town/District	<sub> </sub> O <sub> </sub> S <sub>                                    </sub>
C  E   B   U	B <sub> </sub> U    C  I  T  Y
C	6   0   0   0
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  21 Identification Details (e.g. passport, government issued ID, company ID, etc.)	
Type Number	Effective Date (MM/DD/YYYY) Expiry Date (MM/DD/YYYY)
P A  S   S   P   O   R   T	1 0 3 1 6 2 0 1 1 9 0 3 1 5 2 0 2 4
Issuer D F A Place/Coun	try of Issue M A N D A U E CITY, CEBU
22 Preferred Contact Type Landline No.	Mobile Number 0 9 9 5 5 2 6 3 9 7 9
Email Address (required)	
N c a r a b 2 9 @ g m a i I . c o m  Part II - Spouse Information (if applicable)	
23 Employment Status of Spouse Unemployed / Employed Locally Employed	
24 Spouse Name  Last Name  First Name	
Middle Name Suffix	25 Spouse TIN
	0,0,0,0,0
26 Spouse Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)	
27 Spouse Employer's TIN	

BIR Form No. 1902-page

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 N/A	
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.  NOREEN (ARABUENA MUAÑA  Taxpayer(Employee)/Authorized Representative (Signature over rinted Name)	
Part IV – Primary/Current Employer Information	
33 Type of Registering Office 34 TIN 35 RDO Code	
Head Office Branch Office	
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.  Building Name/Tower	
9   T   H     F   L   O   O   R	
C   E   B   U   S   S   I   N   E   S   S   P   A   R   K	
C   E   B   U     C   I   T   Y	
G E B U   C    T Y	
Province ZIP Code	
C E B U 600	
38 Contact Details       Landline Number     Fax Number     Mobile Number	
39 Relationship Start Date/Date Employee was Hired	
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:  2. Working Permit or photocopy of duly received Application for Alien Employment (AEP) by the Department of Labor and Employment (DOLE)	