



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internasyunal

# Application for Registration

# 1902

July 2008 (ENCS)

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'.

1 Taxpayer Type  Local Employee  Resident Alien Employee  
2 Date of Registration (To be filled up by BIR) 01/12/2012  
3 RDO Code (To be filled up by BIR)

**Part I Taxpayer / Employee Information**

4 TIN (For Taxpayer w/ existing TIN) 0000 5 Sex  Male  Female  
6 Citizenship FILIPINO  
7 Taxpayer's Name Last Name: Taker First Name: Ma. Lovely Theresa Middle Name: Laurent  
8 Date of Birth (MM/DD/YYYY) 01/11/1991  
9 Local Residence Address No. (Include Building Name): Purok Cacao Street: Minasog  
10 Telephone No.  
District/Municipality: Dipolog City 11 Zip Code: 7100 12 Municipality Code

13 Foreign Residence Address

14 Tax Type Form Type  Income Tax  BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee) ATC 1101

**Part II Personal Exemptions**

15 Civil Status  Single  Legally separated  With qualified dependent child/ren  Without qualified dependent child/ren  
 Widow/Widower  Married  
16 Employment Status of Spouse:  Unemployed  Employed Locally  Employed Abroad  Engaged in Business/Practice of Profession  
17 Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum  
 Husband claims additional exemption and any premium deduction  Wife claims additional exemption and any premium deduction (Attach Waiver of Husband)  
18 Spouse Information  
18A Spouse Taxpayer Identification Number 0000 18B Spouse Name Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
18C Spouse Employer's Taxpayer Identification Number 18D Spouse Employer's Name

**Part III Additional Exemptions**

19 Names of Qualified Dependent Child/ren (relates 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)

No.	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Mark if Mentally / Physically Incapacitated
19A	<u>Luz</u>	<u>Luz</u>	<u>09/11/2008</u>	<input type="checkbox"/>
19B	<u>Alma</u>	<u>Alma</u>	<u>08/06/2011</u>	<input type="checkbox"/>
19C				<input type="checkbox"/>
19D				<input type="checkbox"/>

20 Previous and Concurrent Employments During the Calendar Year

20A Number of previous employers: 0  
20B Number of concurrent employers: 0  
20C Number of previous employers (with previous employer(s) within the calendar year)  
20D Number of concurrent employers (with two or more employers at the same time within the calendar year)  
20E Number of previous employers (if concurrent, enter secondary employers)

TIN	Name of Employer

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.  
M. LOVELY TAKER  
TAXPAYER (EMPLOYEE) AUTHORIZED AGENT  
(Signature over printed name)

**Part V Employer's Information**

25 Type of Registered Office  HEAD OFFICE  BRANCH OFFICE  
26 Taxpayer Identification Number 009140168108 27 RDO Code (To be filled up by BIR)  
28 Employer's Name (Last Name, First Name, Middle Name, if individual/ Registered Name, if Non-Individual) FREMONT FOODS CORP.  
29 Employer's Business Address Quezon Ave. Miputak Dipolog City  
30 Zip Code 7100 31 Municipality Code  
32 Effectivity Date (Date when Exemption Information is applied)  
34 Date of Certification (Date of Certification of the Accountant of the)