



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)

389 - 181 - 169 - 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 checked="" 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)	5 RDO Code (To be filled out by BIR)
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6 Taxpayer's Name Last Name: <u>QUILES</u> First Name: <u>PAUL JAMES</u>	
Middle Name: <u>BELANGIGUE</u> Suffix: _____	7 Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

8 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Legally Separated

9 Date of Birth (MM/DD/YYYY) <u>02 17 2001</u>	10 Place of Birth <u>LOGON DABANTAYAN CEBU</u>
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11 Mother's Maiden Name (First Name, Middle Name, Last Name) <u>CHARITO REYUAN BELANGIGUE</u>
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12 Father's Name (First Name, Middle Name, Last Name) <u>GUIVER BEN DESIN QUILES</u>

13 Citizenship <u>FILIPINO</u>	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	Barangay
Town/District	Municipality/City <u>LOGON DABANTAYAN</u>
Province <u>CEBU</u>	ZIP Code

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)
Issuer	Place/Country of Issue		
22 Preferred Contact Type <input checked="" type="checkbox"/> Landline No. <input checked="" type="checkbox"/> Mobile Number	<u>096 327 00571</u>		
<input checked="" type="checkbox"/> Email Address (required) <u>quiles paul james 2@gmail.com</u>			

Part II - Spouse Information (if applicable)

23 Employment Status of Spouse <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Locally <input type="checkbox"/> Employed Abroad <input type="checkbox"/> Engaged in Business/Practice of Profession
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24 Spouse Name Last Name: _____ First Name: _____	
Middle Name: _____ Suffix: _____	25 Spouse TIN _____ - _____ - _____ - 00000