

# Application for Registration

BIR Form No. **1902**  
July 2008 (ENCS)

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

74 779 316  
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) (MM/DD/YYYY)  
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  Alien  
7 Taxpayer's Name: OLIVEROS TIMOTHY JOHN RECD  
8 Date of Birth: 09/22/1994  
9 Local Residence Address: 314 MACROVILLE GORRORDO KAMPUTHAW CEBU CITY  
10 Telephone No.  
11 Zip Code: 6000  
12 Municipality Code  
13 Foreign Residence Address

14 Tax Type: Income Tax Form Type:  BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)  ATC II 011

### Part II Personal Exemptions

15 Civil Status:  Single  Legally separated  with qualified dependent child/ren  Widow/Widower  Married  without qualified dependent child/ren  
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  
18 Spouse Information: 18A Spouse TIN, 18B Spouse Name, 18C Spouse Employer's TIN, 18D Spouse Employer's Name

### 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 Employees 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)]  
Table with columns: 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.  
**TIMOTHY JOHN R. OLIVEROS**  
TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT  
(Signature over printed name)

### Part V Employer Information

25 Type of Registered Office:  HEAD OFFICE  BRANCH OFFICE  
26 Taxpayer Identification Number  
27 RDO Code  
28 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual)  
29 Employer's Business Address  
30 Zip Code  
31 Municipality Code  
32 Telephone Number  
33 Effectivity Date (Date when Exemption Information is applied) (MM/DD/YYYY)  
34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) (MM/DD/YYYY)

35 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.

Stamp of BIR Receiving Office and Date of Receipt