



# Application for Registration

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

For Individuals Earning Purely Compensation Income and Non-Resident Citizens/Residents Alien Employees

390 391 392 0000  
New TIR to be issued if applicable to the user by BIR

Fill in all applicable whole spaces. Mark all appropriate boxes with an X.

1. Taxpayer Type:  Local Employee  Resident Alien Employee  Non-Resident Alien Employee

2. Date of Registration: 03/26/2021

3. RDO Code: 047

4. TIN: [Blank]

5. Gender:  Male  Female

6. Citizenship: FILIPINO

7. Taxpayer's Name: VITO, MARY ALBERT VILLANOR

8. Date of Birth: 08/19/1999

9. Local Postoffice Address: NA JUNQUERA EXT., RAMOS SANTA CRUZ (POB.)

10. Telephone No.: [Blank]

11. City/Municipality: CEBU CITY, CEBU

12. Zip Code: 6000

13. Foreign Postoffice Address: [Blank]

14. Country Code: [Blank]

14. Tax Type:  Regular Tax  Final Tax (For Individual Salary Compensation Income/Resident Alien Employees)

15. ATR: [Blank]

### Part B - Personal Information

16. Civil Status:  Single  Legally separated  Widowed/Widower  Married  Without qualified dependent children  With qualified dependent children

17. Employment Status of Spouse:  Unemployed  Employed Locally  Employed Abroad  Engaged in Business/Practice of Profession

18. Claims for Additional Exempt/Preferred Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum:  Indicate items additional exemption and any premium deduction  Veto claims additional exemption and any premium deduction

### Part C - Spouse Information

19. Spouse Information: (Attach Tax Return of Spouse)

19A. Spouse Taxpayer Identification Number: [Blank]

19B. Spouse Name: [Blank]

19C. Spouse Employer's Taxpayer Identification Number: [Blank]

19D. Spouse Employer's Name: [Blank]

### Part D - Additional Exemptions

20. Status of Qualified Dependent Children (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)

Number	First Name	Last Name	Date of Birth (MM/DD/YYYY)	Mark Exemption (Physically Handicapped)
20A	[Blank]	[Blank]	[Blank]	[Blank]
20B	[Blank]	[Blank]	[Blank]	[Blank]
20C	[Blank]	[Blank]	[Blank]	[Blank]
20D	[Blank]	[Blank]	[Blank]	[Blank]

### Part E - Tax Employment History

21. Type of multiple employment:  Successive employments (2008 - previous employer(s) within the calendar year)  Concurrent employments (with two or more employers at the same time within the calendar year)

22. Indicate whether primary employer as if concurrent, either secondary, employer(s)  Primary and Concurrent Employments During the Calendar Year

TIN	Name of Employer
[Blank]	[Blank]
[Blank]	[Blank]

23. Declaration: I declare, under the penalties of perjury, that the facts herein have been made in good faith, verified by me, and to the best of my knowledge and belief, in accordance with the provisions of the National Internal Revenue Code as amended, and the regulations issued under authority thereof.

PUBLISHER EMPLOYEE - AUTHORIZED AGENT

24. Branch Office:  HEAD OFFICE  BRANCH OFFICE

25. Taxpayer Identification Number: 205394448

26. RDO Code: 028

27. Employer's Name (Full Name, First Name, Middle Name, if Individual Registered Name, if Non-Individual): PEOPLESUPPORT CTR AYALA AVE CO SAN LORENZO NCR, FOURTH DISTRICT CITY OF MAKATI

28. City/Municipality: [Blank]

29. Zip Code: 1223

30. Municipality Code: [Blank]

31. Effectivity Date: 03/26/2021

32. Date of Certification: 03/26/2021

33. Telephone Number: 0258000

34. Declaration: I declare, under the penalties of perjury, that the facts herein have been made in good faith, verified by me, and to the best of my knowledge and belief, in accordance with the provisions of the National Internal Revenue Code as amended, and the regulations issued under authority thereof.

35. Signature of BIR Processing Office and Date of Receipt

36. Signature of Employer / Authorized Agent: [Blank]

37. Title / Position of Signatory: [Blank]

38. Attachments Complete? (To be filled up by BIR)  Yes  No



## MEMBER DATA RECORD

### MEMBER INFORMATION

PhilHealth Identification Number (PIN): **012501931266**  
 Member Category : FORMAL ECONOMY NHTS Coverage :  
 Sub-Category : PRIVATE Effectivity Period :

### VITO, MARY ALBERT VILLAMOR

JUNQUERA EXTENSION RAMOS, SANTA  
 CRUZ (POB.), CEBU CITY, CEBU 6000

Foreign Address : N/A Sex : Female  
 Date of Birth : 06/19/1999  
 Place of Birth : LAS PINAS CITY  
 Contact No. (Foreign) : N/A Civil Status : SINGLE  
 (Local) : Tax Identification Number :

### EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 230276000477  
 Name of Employer/Organized Group : TPPH-FHCS INC (AEGIS PEOPLE SUPPORT INC)  
 Business Address : 5TH FLOOR PEOPLE SUPPORT CENTER AYALA AVE COR SEN GIL PUYAT AVE, SAN  
 LORENZO, MAKATI CITY, FOURTH DIST.  
 Telephone Number : 028858000  
 Tax Identification Number : 205394448

### DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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\*\*\* NO DECLARED DEPENDENT/S \*\*\*

\*\*\* NOTHING FOLLOWS \*\*\*

**EDWIN M. ORIÑA, MD**  
 REGIONAL VICE PRESIDENT  
 PRO - VII Cebu City

**Paalala :** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.

This is a system generated report. Signature is not required.