[redacted] DLN: _____

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)

393 [redacted] 184 [redacted] 383 0000 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 ☐ Special Non-Resident Alien

3 BIR Registration Date *(To be filled out by BIR) (MM/DD/YYYY)*

4 Taxpayer Identification Number (TIN) *(For Taxpayer with existing TIN)* [redacted] 0000

5 RDO Code *(To be filled out by BIR)*

6 Taxpayer's Name

Last Name	First Name	Middle Name	Suffix
FLORENTINO	MARVE	SUMALINOG	

7 Gender ☒ Male ☐ Female

8 Civil Status ☒ Single ☐ Married ☐ Widow/er ☐ Legally Separated

9 Date of Birth *(MM/DD/YYYY)*: 09/09/1998

10 Place of Birth: CHONG HUA HOSPITAL, CEBU CITY

11 Mother's Maiden Name *(First Name, Middle Name, Last Name)*: EVELYN PEÑA SUMALINOG

12 Father's Name *(First Name, Middle Name, Last Name)*: MAXIMINO MABULAY FLORENTINO

13 Citizenship: FILIPINO

14 Other Citizenship:

15 Local Residence Address

Unit/Room/Floor/Building No.	Building Name/Tower

Lot/Block/Phase/House No.	Street Name
BLK 2, LOT 35	

Subdivision/Village/Zone	Barangay
DECA HOMES	CUBACUB

Town/District	Municipality/City
	MANDAUE CITY

Province	ZIP Code
CEBU	6014

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

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 ☐ Landline No. ☐ Mobile Number: 09494876745

☐ Email Address *(required)*: marvefl0r09@gmail.com

Part II - Spouse Information *(if applicable)*

23 Employment Status of Spouse ☐ Unemployed ☐ Employed Locally ☐ Employed Abroad ☐ Engaged in Business/Practice of Profession

24 Spouse Name

Last Name	First Name

[redacted]