



Application for Registration

BIR Form No. 1902

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

July 2008 EIRC: 393, 596, 646, 0000
New Form to be issued if applicable under EIRC, E4

1. Date of Registration: 05/11/2021

2. RDO Code: 081

3. Name: [Redacted]

4. Sex: Male Female

5. Citizenship: FILIPINO

6. Date of Birth: 02/27/2000

7. Address: 11 LARAY 1 BUJANOY, BALAMBAN, CEBU

11. Zip Code: 6041

12. Municipality Code: [Redacted]

13. Form Type: Form 1902 - For Individual Earning Purely Compensation Income/Resident Alien Employee

ATC: 1011

14. Qualification: Single Legally separated with qualified dependent children without qualified dependent children

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

17. Claim for Additional Exemption/Provision Deductions for husband and wife whose aggregate family income does not exceed P200,000 per annum: Husband claims additional exemption and any provision deduction Wife claims additional exemption and any provision deduction (Attach Waiver of Husband)

18. Spouse Information:

18A. Spouse Taxpayer Identification Number: [Redacted]

18B. Spouse Name: [Redacted]

18C. Spouse Employer's Taxpayer Identification Number: [Redacted]

18D. Spouse Employer's Name: [Redacted]

19. Name of Qualified Dependent Children: *Submit in a separate, self-prepared, or legally separated child's dependent upon filing with the taxpayer, not more than 21 years of age, unmarried, and not jointly employed or dependent on anyone else in household or abroad.*

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Marital Status / Physically Handicapped
19A	19B	19C	19D	19E
20A	20B	20C	20D	20E
21A	21B	21C	21D	21E
22A	22B	22C	22D	22E

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

If concurrent, enter previous employer's name, address, and tax identification number.

23A. Name of Employer: [Redacted]

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.

TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT

(Signature over printed name)

25. Office Information: HEAD OFFICE BRANCH OFFICE

26. Taxpayer Identification Number: 484634961

27. RDO Code: 081

28. Employer's Name (Last Name, First Name, Middle Name, if Individual Registered Name, if Non-Individual): FLOY INC.

29. Employer's Address: UNIT A&F 11/F MSY TOWER CEBU BUSINESS PARK HIPODROMO CEBU CITY

30. Taxable Income: 5000

31. Municipality Code: [Redacted]

32. Effectivity Date: 05/11/2021

33. Date of Certification: 05/11/2021

34. Telephone Number: 2333698

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.

EMPLOYER / AUTHORIZED AGENT: [Redacted]

Title / Position of Signatory: [Redacted]

Stamp of BIR Receiving Office and Date of Receipt: [Redacted]

Attachments Complete? (To be checked by BIR): Yes No

ATTACHMENTS: (Photocopy only)

For Individuals Earning Purely Compensation Income

- Birth Certificate or any valid identification card of applicant showing complete name, address, birth date and signature (Driver's license, PRC ID or passport)
- Marriage Contract, if applicable
- Waiver of husband to claim additional exemption, if applicable
- Birth Certificate of dependents, if applicable