

To be filled up by BIR

DLN:



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Application for Registration

BIR Form No.

# 1902

July 2008 (ENCS)

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

393 655 450 0000  
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 <input checked="" type="checkbox"/> Local Employee <input type="checkbox"/> Resident Alien Employee		2 Date of Registration 05/12/2021	3 RDO Code 081	
<b>Part I Taxpayer / Employee Information</b>				
4 TIN (For Taxpayer w/ existing TIN)	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	6 Citizenship FILIPINO		
7 Taxpayer's Name TEVES, KAREEN JANE LEGASPINA	8 Date of Birth 06/30/1998			
9 Local Residence Address N/A LALA-O MONTANEZA MALABUYOC, CEBU	11 Zip Code 6029	10 Telephone No. 12 Municipality Code		
13 Foreign Residence Address				
14 Tax Type Form Type Income Tax <input checked="" type="checkbox"/> BR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)			ATC 11011	
<b>Part II Personal Exemptions</b>				
15 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Legally separated <input type="checkbox"/> with qualified dependent child/ren		16 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		
<input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input checked="" type="checkbox"/> without qualified dependent child/ren		<input type="checkbox"/> Wife claims additional exemption and any premium deduction (Attach Waiver of Husband)		
17 Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum <input type="checkbox"/> Husband claims additional exemption and any premium deduction				
18 Spouse Information 18A Spouse Taxpayer Identification Number		18B Spouse Name		
18C Spouse Employer's Taxpayer Identification Number		18D Spouse Employer's Name		
<b>Part III Additional Exemptions</b>				
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
<b>Part IV For Employee With Two or More Employers (Multiple Employments) Within the Calendar Year</b>				
23 Type of multiple employments <input type="checkbox"/> Successive employments (With previous employer(s) within the calendar year) <input type="checkbox"/> 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)] Previous and Concurrent Employments During the Calendar Year				
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.				
TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT (Signature over printed name)				
<b>Part V Employer Information</b>				
25 Type of Registered Office <input checked="" type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE		27 RDO Code 081		
26 Taxpayer Identification Number 484634961		28 Employer's Name (Last Name, First Name, Middle Name, if Individual/Registered Name, if Non-Individual) IPLOY INC.		
29 Employer's Business Address UNIT A&F 11/F MSY TOWER CEBU BUSINESS PARK HIPODROMO CEBU CITY				
30 Zip Code 6000 (To be filled up by the BIR)	31 Municipality Code	33 Effectivity Date (Date when Exemption Information is applied) 05/12/2021	34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) 05/12/2021	
32 Telephone Number 2333598				
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	
EMPLOYER / AUTHORIZED AGENT (Signature over printed name)			Attachments Complete? (To be filled up by BIR) <input type="checkbox"/> Yes <input type="checkbox"/> 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 Certificates of dependents, if applicable
- Employment Certificate or valid company ID with picture and signature, if available

**POSSESSION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IS CRIMINALLY PUNISHABLE PURSUANT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.**