

(To be filled out by BIR) 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)

0 0 0 0 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	3 BIR Registration Date
	<input type="checkbox"/> Local <input checked="" type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien	(To be filled out by BIR) (MM/DD/YYYY)

4 Taxpayer Identification Number (TIN) <small>(For Taxpayer with existing TIN)</small>	5 RDO Code <small>(To be filled out by BIR)</small>
0 0 0 0 0	

6 Taxpayer's Name

Last Name: MENDEIZ Middle Name: GILARE First Name: MAY

7 Gender  Male  Female

8 Civil Status  Single  Married  Widow/er  Legally Separated

9 Date of Birth (MM/DD/YYYY): 07 03 2003

10 Place of Birth: CEBU CITY

11 Mother's Maiden Name (First Name, Middle Name, Last Name): MARIA LOLITA DE VIBAR MARIÑAS

12 Father's Name (First Name, Middle Name, Last Name): ROGER MENDEIZ

13 Citizenship: FILIPINO

14 Other Citizenship: NA

15 Local Residence Address

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

Lot/Block/Phase/House No. Street Name

Subdivision/Village/Zone: PURDOK CAJMITO Barangay

Town/District: CANJULAO Municipality/City

Province: LAPU-LAPU City ZIP Code: 6015

16 Foreign Address: CEBU

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: 09 224 046 997

Email Address (required): giaremaym@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: Middle Name: Suffix: First Name: 25 Spouse TIN: 0 0 0 0 0

26 Spouse Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)

27 Spouse Employer's TIN



**Part III - For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year**

**28 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)

**Previous and/or Concurrent Employments During the Calendar Year**

<b>29A Name of Employer</b>		<b>29B TIN of Employer</b>	
<b>30A Name of Employer</b>		<b>30B TIN of Employer</b>	
<b>31A Name of Employer</b>		<b>31B TIN of Employer</b>	

**32 Declaration**

I declare under the penalties of perjury that this application, and all its attachments, have 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. Further, I give my consent to the processing of my information as contemplated under the \*Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

\_\_\_\_\_  
 Taxpayer(Employee)/Authorized Representative  
 (Signature over Printed Name)

**Part IV - Primary/Current Employer Information**

**33 Type of Registering Office**  
 Head Office  Branch Office

**34 TIN** \_\_\_\_\_ **35 RDO Code** \_\_\_\_\_

**36 Employer's Name** (Last Name, First Name, Middle Name, if Individual) (Registered Name, if Non Individual)

**37 Employer's Address**

Unit/Room/Floor/Building No.	Building Name/Tower
Lot/Block/Phase/House No.	Street Name
Subdivision/Village/Zone	Barangay
Town/District	Municipality/City
Province	ZIP Code

**38 Contact Details**

Landline Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

**39 Relationship Start Date/Date Employee was Hired**  
 (MM/DD/YYYY)

**40 Municipality Code** (To be filled out by BIR)

**41 Declaration**

I declare under the penalties of perjury that this application and all its attachments, have 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. Further, I give my consent to the processing of my information as contemplated under the \*Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

Stamp of BIR Receiving Office  
 and Date of Receipt

\_\_\_\_\_  
 EMPLOYER/AUTHORIZED REPRESENTATIVE  
 (Signature over Printed Name)

\_\_\_\_\_  
 Title/Position of Signatory

\*Note: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)

**Documentary Requirements:**

**For Local Employee:**

- 1. Any identification issued by an authorized government body (e.g. Birth Certificate, Passport, Driver's License, etc.) that shows the name, address and birthdate of the applicant.
- 2. Marriage Contract, if applicable.

**For Alien Employee:**

- 1. Passport
- 2. Working Permit or photocopy of duly received Application for Alien Employment (AEP) by the Department of Labor and Employment (DOLE)

**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.**