



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Application for Registration

BIR Form No.

1902

July 2006 (ENCS)

330 212 201 0000
New TINs to be issued if APPLICABLE to be filed up by BR

TIN # - 330 - 212 - 201 - 0000

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

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 08/02/2016	3 RDO Code 081
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Part I Taxpayer / Employee Information

4 TIN (For Taxpayer w/ existing TIN)	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	6 Citizenship FILIPINO
7 Taxpayer Name SABANAL, EDEN MAE TEOLOGO	8 Date of Birth 07/25/1995	
9 Local Residence Address PLARIDEL UMAPAD MANDAUE MANDAUE CITY, CEBU	10 Telephone No.	12 Municipality Code
11 Zip Code		
13 Foreign Residence Address		

14 Tax Type Income Tax	Form Type <input checked="" type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)	ATC 1011
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Part II Personal Exemptions

15 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Legally separated <input type="checkbox"/> with qualified dependent children	<input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input checked="" type="checkbox"/> without qualified dependent children	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
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 <input type="checkbox"/> Wife claims additional exemption and any premium deduction		
18 Spouse Information (Attach Waiver of Husband)		
18A Spouse Taxpayer Identification Number	18B Spouse Name	
18C Spouse Employer's Taxpayer Identification Number	18D Last Name	18E First Name
	18F Spouse Employer's Name	18G Middle Name

Part III Additional Exemptions

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

Part IV For Employees With Two or More Employers (Multiple Employments) Within the Calendar Year

23 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 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)

Part V Employer Information

25 Type of Registered Office <input checked="" type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE	27 RDO Code 081
26 Taxpayer Identification Number 427291908	(To be filled up by BR)
28 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual) PRIME LEADER'S ESL ACADEMY INC	
29 Employer's Business Address 7TH FLR CROWN 7 BLDG JUAN LUNA AVENUE MABOLO CEBU CITY	
30 Zip Code 6000	31 Municipality Code (To be filled up by the BR)
32 Telephone Number	33 Effectivity Date (Date when Exemption Information is applied) 08/02/2016
	34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) 08/02/2016

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 BR Receiving Office and Date of Receipt
EMPLOYER / AUTHORIZED AGENT (Signature over printed Name)	Attachments Complete? (To be filled up by BR) <input type="checkbox"/> Yes <input type="checkbox"/> No
Title / Position of Signatory	

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/s of dependent/s, 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.