

(To be filled up by BIR) DLN:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.
1901

January 2018(ENCS)

For Self-Employed (Single Proprietor/Professional),
Mixed Income Individuals, Non-Resident Alien
Engaged in Trade/Business, Estate and Trust

TIN to be issued, if applicable (To be filled in by BIR)

Fill in all applicable white spaces. Mark all appropriate boxes with an "X".

Part I - Taxpayer Information

1 PhilSys Number (PSN)	2 Registering Office <input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office	3 BIR Registration Date (To be filled up by BIR)(MM/DD/YYYY)
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4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN)	5 RDO Code (To be filled up by BIR)
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6 Taxpayer Type

<input type="checkbox"/> Single Proprietorship Only (Resident Citizen)	<input type="checkbox"/> Mixed Income Earner - Compensation Income Earner & Professional
<input type="checkbox"/> Resident Alien - Single Proprietorship	<input type="checkbox"/> Mixed Income Earner - Compensation Income Earner, Single Proprietorship & Professional
<input type="checkbox"/> Resident Alien - Professional	<input type="checkbox"/> Non - Resident Alien Engaged in Trade/Business
<input checked="" type="checkbox"/> Professional - Licensed (PRC, IBP)	<input type="checkbox"/> Estate - Filipino Citizen
<input type="checkbox"/> Professional - In General	<input type="checkbox"/> Estate - Foreign National
<input type="checkbox"/> Professional and Single Proprietor	<input type="checkbox"/> Trust - Filipino Citizen
<input type="checkbox"/> Mixed Income Earner - Compensation Income Earner & Single Proprietor	<input type="checkbox"/> Trust - Foreign National

7 Taxpayer's Name (If Individual) (Last Name) (First Name) (Middle Name) (Suffix) (Nickname)

NAYA PRINCESS CHAREZ AMARANTE

(If ESTATE, ESTATE of First Name, Middle Name, Last Name, Suffix) (If TRUST, FAO: First Name, Middle Name, Last Name, Suffix)

8 Gender Male Female 9 Civil Status Single Married Widow/er Legally Separated

10 Date of Birth/Organization Date (In case of Estate/Trust) (MM/DD/YYYY) **1/12/21/998** 11 Place of Birth **CEBU CITY**

12 Mother's Maiden Name **DIEGA C. AMARANTE** 13 Father's Name **AQUILINO C. NAYA**

14 Citizenship **FILIPINO** 15 Other Citizenship **FILIPINO**

16 Local Residence Address

Unit/Room/Floor/Building#	Building Name/Tower	Lot/Block/Phase/House No.	Street Name	Subdivision/Village/Zone
			SMP STO-NINO	
Barangay	Town/District	Municipality/City	Province	ZIP Code
QUIOT		CEBU		6000

17 Business Address

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

18 Foreign Address

19 Municipality Code (To be filled up by BIR) 20 Purpose of TIN Application

21 Identification Details (e.g. passport, government issued ID, company ID, etc.)

Type	ID Number	Effective Date (MM/DD/YYYY)	Expiry Date (MM/DD/YYYY)	Issuer	Place/Country of Issue
PRC	1819822	1/22/32/019	1/12/22/02/2		CEBU CITY

22 Preferred Contact Type

Landline Number Fax Number Mobile Number Email Address (required)

234-4779 **09280022475** **princesscn.naya@gmail.com**

23 Are you availing of the 8% income tax rate option in lieu of Graduated Rates? Yes No

Part II - Spouse Information

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

25 Spouse Name (Last Name) (First Name) (Middle Name) (Suffix) 26 Spouse TIN

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27 Spouse Employer's Name (Last Name, First Name, Middle Name, if Individual)(Registered Name, if Non-Individual) 28 Spouse Employer's TIN

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Part III - Authorized Representative

29 Relationship Name (For Authorized Representative)

30 Relationship Start Date (MM/DD/YYYY) _____

31 Address Types Residence Place of Business Employer

32 Local Residence Address

Unit/Room/Floor/Building# _____ Building Name/Tower _____ Lot/Block/Phase/House No. _____ Street Name _____ Subdivision/Village/Zone _____

Barangay _____ Town/District _____ Municipality/City _____ Province _____ ZIP Code _____

33 Preferred Contact Type

Landline Number Fax Number Mobile Number Email Address (required) _____

Part IV - Business Information

34 Single Business Number _____

35 Primary/Secondary Industries (Attach additional sheets, if necessary)

Industry	Trade/Business Name	Regulatory Body
Primary	_____	_____
Secondary	_____	_____

Industry	Business Registration Number	Business Registration Date (MM/DD/YYYY)	PSIC Code (To be filled up by BIR)	Line of Business
Primary	_____	_____	_____	_____
Secondary	_____	_____	_____	_____

36 Incentives Details

36A Investment Promotion (e.g. PEZA, BOI) _____ 36B Legal Basis (e.g. RA, EO) _____ 36C Incentive Granted (e.g. Exempt from IT, VAT, etc.) _____

36D No. of Years _____ 36E Incentive Start Date (MM/DD/YYYY) _____ 36F Incentive End Date (MM/DD/YYYY) _____

37 Details of Registration / Accreditation

37A Registration / Accreditation Number _____ FROM _____ TO _____

37B Effectivity Date (MM/DD/YYYY) _____ (MM/DD/YYYY) _____ 37C Date Issued (MM/DD/YYYY) _____

37D Registered Activity _____ 37E Tax Regime (Regular, Special, Exempt) _____ 37F Activity Start Date (MM/DD/YYYY) _____ 37G Activity End Date (MM/DD/YYYY) _____

38 Facility Details (PP-Place of Production/Plant; SP-Storage Place; WH-Warehouse; SR-Showroom; GG-Garage; BT-Bus Terminal; RP-Real Property for Lease with No Sales Activity)

38A Facility Code (To be filled up by BIR) **F** 38B Facility Type PP SP WH SR GG BT RP Other (specify) _____

38C Facility Address

Unit/Room/Floor/Building# _____ Building Name/Tower _____ Lot/Block/Phase/House No. _____ Street Name _____ Subdivision/Village/Zone _____

Barangay _____ Town/District _____ Municipality/City _____ Province _____ ZIP Code _____

Part V - Tax Type

39 Tax Types (this portion determines your tax liability/ies) (To be filled up by BIR)

Form Type	ATC	Form Type	ATC
Withholding Tax		<input checked="" type="checkbox"/> Registration Fee	0605 AC180
<input type="checkbox"/> Compensation		<input checked="" type="checkbox"/> Percentage Tax	2551Q PT010
<input type="checkbox"/> Expanded		<input type="checkbox"/> Stocks	
<input type="checkbox"/> Final		<input type="checkbox"/> Overseas Dispatch And Amusement Taxes	
<input type="checkbox"/> Fringe Benefits		<input type="checkbox"/> Under Special Laws	
<input type="checkbox"/> VAT & Other Percentage Percentage Tax		<input type="checkbox"/> Other Percentage Tax under NIRC (specify)	
<input type="checkbox"/> ONETT not subject to CGT			
<input type="checkbox"/> Percentage Tax on Winnings & Prizes		Documentary Stamp Tax	
<input type="checkbox"/> On Interest Paid On Deposits And Yield on Deposits/Subsities		<input type="checkbox"/> Regular	
<input checked="" type="checkbox"/> Income Tax	1701/1701Q 11010	<input type="checkbox"/> One-Time Transactions (ONETT)	
Excise Tax		<input type="checkbox"/> Capital Gains - Real Property	
<input type="checkbox"/> Alcohol Products		<input type="checkbox"/> Capital Gains - Stocks	
<input type="checkbox"/> Automobile & Non-Essential Goods		<input type="checkbox"/> Donor's Tax	
<input type="checkbox"/> Cosmetics Procedures		<input type="checkbox"/> Estate Tax	
<input type="checkbox"/> Mineral Products		<input type="checkbox"/> Miscellaneous Tax (specify)	
<input type="checkbox"/> Petroleum Products			
<input type="checkbox"/> Sweetened Beverages		<input type="checkbox"/> Others (specify)	
<input type="checkbox"/> Tobacco Products			

Part VI - Authority to Print

Authority to Print Receipts and Invoices

Printer's Name: _____ 40B Printer's TIN: _____

40C Printers Accreditation Number: _____ 40D Date of Accreditation (MM/DD/YYYY): _____

40E Registered Address

Unit/Room/Floor/Building#: _____ Building Name/Tower: _____ Lot/Block/Phase/House No.: _____ Street Name: _____ Subdivision/Village/Zone: _____

Barangay: _____ Town/District: _____ Municipality/City: _____ Province: _____ ZIP Code: _____

40F Contact Number: _____ 40G E-mail Address: _____

40H Manner of Receipt/Invoices Bound Loose Leaf Others

40I Descriptions of Receipts and Invoices (Additional Sheet/s if Necessary)

Description	TYPE		NO. OF BOXES/BOOKLETS		NO. OF SETS PER BOX / BOOKLET	NO. OF COPIES PER SET	SERIAL NO.	
	VAT	NON-VAT	LOOSE	BOUND			START	END
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Part VII - For Employee with Two or More Employees (Multiple Employments) Within the Calendar Year

41 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 with the calendar year)

(If successive, enter previous employer/s; if concurrent, enter secondary employer/s)

Previous and Concurrent Employments During the Calendar Year

41A Name of Employer: _____ 41B TIN of Employer: _____

41C Name of Employer: _____ 41D TIN of Employer: _____

42 Declaration

I declare, under the penalties of perjury, that this application 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 the 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.

[Signature]
PRINCE S. CHAVEZ A. NAPA
 Taxpayer/Authorized Representative
 (Signature over Printed Name)

Part VIII - Primary/Current Employer Information

43 Type of Registered Office Head Office Branch Office 44 TIN: _____ 45 RDO Code: _____

46 Employer Name If Individual (Last Name) (First Name) (Middle Name) (Suffix)

If Non-Individual (Registered Name): _____

47 Employer Address

Unit/Room/Floor/Building#: _____ Building Name/Tower: _____ Lot/Block/Phase/House No.: _____ Street Name: _____ Subdivision/Village/Zone: _____

Barangay: _____ Town/District: _____ Municipality/City: _____ Province: _____ ZIP Code: _____

48 Contact Details

Landline Number: _____ Fax Number: _____ Mobile Number: _____ Email Address (required): _____

49 Relationship Start Date (MM/DD/YYYY): _____ 50 Municipality Code (To be filled up by BIR): _____

51 Declaration

I declare, under the penalties of perjury, that this application 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. 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.

EMPLOYER/AUTHORIZED REPRESENTATIVE (Signature over Printed Name) Title/Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt
FEB 23 2022

Part IX - Payment Details

52 For the Year: _____ 53 Date of Payment (MM/DD/YYYY): _____ 54 ATC: _____ MC180

55 Tax Type: **RF** 56 Manner of Payment: **REGISTRATION FEE** 57 Type of Payment: **FULL PAYMENT**

58 Registration Fee: _____ 58A: _____

59 BIR Printed Receipts / Invoices: _____ 59A: _____