Departme	of the Philippines ent of Finance of Internal Revenue	Applic	atior	for Re	gistratio	9n 1901 January 2018(EN
or Self-Employed (Single F lixed Income Individuals, N		ıl),				Janeary 2010(Cit
gaged in Trade/Business	, Estate and Trust			TIN to be issue	ed, if applicable (To be fill	ed in by BIR)
in all applicable white sp	aces. Mark all appropi		Ŧ			
PhilSys Number (PSI	M\	Part I	Taxpayer In			BIR Registration Date
Timbys Namber (1 5)				2 Registering Office		To be filled up by BIR)(MM/DD/Y
Taxpayer Identification (For Taxpayer with existing		748-	7, 7, 1 -	[] Head Office	Branch Office    0 0 0 5 RDO (   To be fi	Code illed up by BIR
Taxpayer Type Single Proprie	etorship Only (Reside	ent Citizen)		Mixed Income Earner	- Compensation Incom-	e Earner & Professional
	n – Single Proprietor	on the management of		Mixed Income Earner	- Compensation Income	
	n – Professional	·p	듬	Proprietorship & Profe Non – Resident Alien	ssional Engaged in Trade/Busir	ness
Professional 7	- Licensed (PRC, IBI	P)		Estate – Filipino Citize		
Professional -	- In General			Estate – Foreign Nation	onal	
Professional a	and Single Proprietor			Trust – Filipino Citizer	າ ຸ	
Single Proprie	tor	ation Income Earner &		Trust – Foreign Natio	nal	
Taxpayer's Name (If II	ndividual) (Last Name)				fiddle Name)	(Suffix) (Nicknan
HAYA		PRINCESS C	HAPEZ			
MEGTATE COTATE -4 C				AMAPAI		
(If <b>ESTATE</b> , ESTATE of Fi.	rst Name, Middle Name	, Last Name, Suffix) (If		irst Name, Middle Name,		
[]			TRUST, FAO: F	irst Name, Middle Name,	Last Name, Suffix)	
Gender Male	✓ Female	9 Civil Status	TRUST, FAO: F	gle Married	Last Name, Suffix)  Widow/er	Legally Separated
Gender Male  Date of Birth/Organiz	Female	9 Civil Status  Estate/Trust) (MM/DD/YYYY))	Sin	gle Married	ast Name, Suffix)  Widow/er  Place of Birth  CE	BU CITY
Gender Male Date of Birth/Organiz Mother's Maiden Nan	Female	9 Civil Status  Estate/Trust) (MMDD/YYYY))  C. AMAPA	Sin	gle Married  2 1 9 9 1  Father's Name	Widow/er  1 Place of Birth  AQUILINO	BU CITY
Gender Male  Date of Birth/Organiz  Mother's Maiden Nan  Citizenship  Local Residence Ad	Female ation Date (In case of an EGA FILIP) Idress	9 Civil Status  Estate/Trust) (MM/DD/YYYY))  C. AMARA:	Sin   Sin	gle Married  2 1 9 9 1  Father's Name Other Citizenship	ast Name, Suffix)  Widow/er  Place of Birth  CE	BU CITY
Gender Male  Date of Birth/Organiz  Mother's Maiden Nan  Citizenship  Local Residence Ad	Female ation Date (In case of Incessed of IEGA	9 Civil Status  Estate/Trust) (MM/DD/YYYY))  C. AMARA:	Sin	gle Married 2 1 9 9 8 1 Father's Name Other Citizenship	Widow/er  1 Place of Birth CE  AQUILINO  + ILIPINO	BU CITY
Gender Male  Date of Birth/Organiz  Mother's Maiden Nan  Citizenship  Local Residence Ad  Int/Rocm/Floor/Building#  Barangay	Female ation Date (In case of an EGA FILIP) Idress	9 Civil Status  Estate/Trust) (MM/DD/YYYY))  C. AMARA:	Sin   Sin	gle Married 2 1 9 9 8 1 Father's Name Other Citizenship	ASULINO  FILIPINO  -NINO	BU CITY C.NA-/A Subdivision/Village/Zone
Gender Male Date of Birth/Organiz Mother's Maiden Nan Citizenship Local Residence Ad	Female ation Date (In case of an EGA FILIP) Idress	9 Civil Status  Estate/Trust) (MM/DD/YYYY))  C. AMARA: INO  ne/Tower Lov/Bio	Sin I 2 1 13 15 xxk/Phase/House No.	gle Married 2 1 9 9 8 1 Father's Name Other Citizenship  Street Nar	Widow/er  1 Place of Birth CE  AQUILINO  + ILIPINO	BU CITY C.NA-IA Subdivision/Village/Zone
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Gender Male  Date of Birth/Organiz  Mother's Maiden Nan  Citizenship  Local Residence Ad  Inti/Room/Floor/Building#  Barangay  OUIOT  Business Address  Inti/Room/Floor/Building#  Barangay  Foreign Address  Municipality Code To be filied up by BIR)  Identification Details  Type  PPC	Female ation Date (In case of Inc.)  The DIEGA FILIP Idress Building Nan  Building Nan  Geg. passport, govern. ID Number  IB 19 8 2 2	9 Civil Status  Estate/Trust) (MM/DD/YYYY))  C. AMARA:  IN 0  ne/Tower Lov/Blo  Town/District  20 Purpose of TIN App  ment issued ID, company In  Effective Date (MM/L  I 2 2 3 2 0	Sin I   1   2   1   1   2   1   1   2   1   1	gle Married  2 I 9 9 8 1  Father's Name  Other Citizenship  Street Nar  Municipality/City  Diry Date (MM/DD/YYYY)  I 2 2 2 0 2  Email Address (requir	ASULINO FILIPINO Province  Province  Issuer	Subdivision/Village/Zone  ZIP C  Subdivision/Village/Zone  ZIP C  Place/Country of Issue  CFBU C 1 1 4

PART II - Spouse Information

(Middle Name)

PART III - Authorized Representative

Employed Abroad

(Suffix)

Engaged in Business/Practice of Profession

- 0 0 0 0 0 0

26 Spouse TIN

28 Spouse Employer's TIN

Employed Locally

Unemployed

(First Name)

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

24 Employment Status of Spouse

29 Relationship Name /For Authorized Dannas Mattin

25 Spouse Name (Last Name)

Baran			hase/House No.	Street Name	Subdi	ivision/Village/2
	ngay	Town/District				
L			Municipality/C	ny	Province	
33 Preferred Conta						
Landline Nun	nber Fax Number	Mobile Numb	per Email Add	ress (required)		
34 Single Business	Number	Part IV - Bu	siness Informatio	n		
Company and property	y Industries (Attach addition					
Industry	y modelnes (Allach addition	rade/Business Name			Regulatory Box	4.
Primary					regulatory Box	uy
Secondary						
Industry Busin	ness Registration Numbe	r Business Registration (MM/DD/YYYY)	. 0,0		Line of Bus	siness
Primary			( o be filled	SP 43 DIC)	E.i.e of out	
Secondary						
36 Incentives Detail						
36A Investment Promotio (e.g. PEZA, BOI)		36B Legal Basis (e.g. RA, EO)		36C Incent	ive Granted	
36D No. of Years	36E Incentive S	Start Date		36F Incentive En	d Date	
37 Details of Regist	ration / Accreditation		ОМ	(MM/DD/YYYY) TO	<u> </u>	<u> </u>
- Cgiottation / A	co.editation number	37B Effectivity C	Date (MM/DD/YYYY)	(MM/OD/Y)	(YY) 37C Da	ite Issued (
37D Registered Acti	vity	37E Tax Regime	(Regular, Special	37F Activity Start Da	<u> </u>	
		Exempt)		(MM/DD/YYYY)		vity End Date
38 Facility Details (P	P-Place of Production/Plant; SP-S	Storage Place, WH-Warehouse; \$R-5	Showroom: GG Carage BT	L L L L L	<u> </u>	
38A Facility Code (To be filled up by BIR)	38B Facility 1	ype PP SP \	NH SR GG	BT RP.	Other (specify)	es Activity)
Baranga		Town/District	Municipality/City		Province	
39 Tax Types (this por	rtion determines your tax liab	Part V ility/ies) (To be filled up by BIR)	– Тах Туре			
<del></del>	Form Typ	e ATC			Form Type	ATC
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Expanded			Stocks		T in	
- Final			Overseas Amuseme	Dispatch And		
Fringe Benefits				pecial Laws		,
VAT & Other Percentage Tax	rcentage		<del></del>		nder NIRC (specify)	<u> </u>
ONETT not subje			J ·· Culei Fi	croemage rax u	nuel NIKU (specify)	
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On Interest Paid On De Yield on Deposits/Subs				entary Stamp Ta	X	
Yield on Deposits/Sub:			Regular			
	1101/17	10 11010	(ONETT)	Transactions		
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Income Tax Excise Tax			Property			
Income Tax Excise Tax Alcohol Produ			7 ( 7	ains – Stocks		
Income Tax Excise Tax			7 ( 7			
Excise Tax  Alcohol Produ	n-		Capital G	Тах		
Excise Tax  Alcohol Produ  Automobile & No Essential Goods	edures		Capital G  Donor's  Estate T	Tax	[ [	
Income Tax  Excise Tax  Alcohol Production  Automobile & Note Essential Goods  Cosmetics Proces	edures cts		Capital G  Donor's  Estate T	Тах	[	

Description	F Contact Number  Barangay  F Contact Number  H Manner of Receipt/Invoices  D C Printer's Name  Building Name/Tower  Lot/Block/Phase/House  Barangay  Town/District  Lot/Block/Phase/House  Lot/Block/Phase/Ho	40D Date of Accre		
AdD Date of Accreditation Number   Address	E Registered Address  John Room Floor Building # Building Name/Tower Lot/Block/Phase/Hou  Barangay Town/District  F Contact Number 40G E-mail  H Manner of Receipt/Invoices Bound  Descriptions of Receipts and Invoices (Additional Shee	40D Date of Accre		
Exegistered Address  Building Name/Toser  LodStock/Resolvace No. Street Name  Standardson/Nage/Cose  Advanceship/City  Pownince  2P.C.  Contact Number  49G E-mail Address  Dit Manner of Receipt/Invoices  Bound  Loose Leaf  Others  Others  Others  Others  Others  Others  Description  Descrip	E Registered Address  Intil Room Floor Building # Building Name/Tower Lot/Block/Phase/Hou  Barangay Town/District  F Contact Number 40G E-mail  H Manner of Receipt/Invoices Bound  Descriptions of Receipts and Invoices (Additional Shee	ise No. Street  Municipality/City	editation (MM/DD/YYYY)	
Supplementation   Supplementary   Supplement	Barangay Town/District  F Contact Number 40G E-mail  H Manner of Receipt/Invoices Bound (Additional Shee	Municipality/City		1 1 1 1
F Contact Number    Manner of Receipt/Invoices   Bound   Loose Leaf   Others	F Contact Number 40G E-mail H Manner of Receipt/Invoices Bound Additional Shee		Name Subdivision/Village	ge/Zone
F Contact Number    Manner of Receipt/Invoices   Bound   Loose Leaf   Others	F Contact Number 40G E-mail H Manner of Receipt/Invoices Bound Additional Shee		Province	ZIP Cod
Description of Receipts and Invoices   Bound   Loose Leaf   Others	H Manner of Receipt/Invoices Bound Additional Shee			
Description of Receipts and Invoices    Additional Sheetis if Necessary   NO OF   SERIAL NO.	Descriptions of Receipts and Invoices (Additional Shee	I Address		
Description  TYPE SOURCET SETS FERSION OF SERUL NO. OF SE		Loose Leaf	Others	
Description    TYPE   BOXXSBOOKET   SETS PER   SOCIETY   START   END	TYPE	NO OF NO OF		
Part VII - For Employee with Two or More Employees (Multiple Employments) Within the Calendar Year  Type of Multiple Employments  Successive employments (with new or More Employees)  Successive employments (with new or More Employees)  Successive employments (with new or More Employees)  Part VII - For Employee with Two or More Employees (Multiple Employments) Within the Calendar Year  Successive employments (with new or more employees of the aams for exposite employments)  I successive employers  I a Name of Employer  I b Type of Registered Office of the regulations issued under the authority interest in the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. to 1713 (R.A. to 1713 (R.A. to 1714 (R.A. to 1714 (R.A. to 1714 (R.A. to 1715 (R.A. to 171	Description	BOXES/BOOKLETS SETS PE	ER COPIES SERIAL IN	
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Type of Multiple Employers   employers, if concurrent, enter secondary send)   with the calendar year)   with the calendar year)      A Name of Employer   41B TIN of Employer	Successive employments (With			ers at the same tin
Previous and Concurrent Employers  A1B TIN of Employer  41D TIN of Employer  42D TIN of Employer  42D TIN of Employer  42D TIN of Employer  42D TIN of Emplo	Type of Multiple Employments employer/s within the calendar year)			
Ic Name of Employer    Coloration   Colorati	Previous and Concurrent Employ	ments During the Calenda		
1. Name of Employer  2. Declaration 1. Gedate, under the penalties of perjun, 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 Nation 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. to 773) for legitimate and lawful purposes.  Part VIII – Primary/Current Employer Information 3. Typa of Registered Office  Part VIII – Primary/Current Employer Information 4.5 RDO Code  Employer Name If Individual (Last Name) (Middle Name) (Suffix)  Physical Registered Name)  Physical Registered Name)  Physical Registered Name (Middle Name) (Suffix)  Physical Registered Name)  Physical Registered Name (Middle Name) (Suffix)  Physical Registered Name)  Physical Registered Name (Middle Name) (Suffix)  Physical Registered Name)  Physical Registered Name (Middle Name) (Suffix)  Physical Registered Name)  Physical Registered Name (Middle Name) (Suffix)  Physical Registered Name (Middle Name) (Suffix)  Physical Registered Name)  Physical Registered Name (Middle Name) (Suffix)  Physical Registered Name)  Physical Registered Name (Middle Name) (Suffix)  Physical Registered Office (Registered Name) (Middle Name) (Suffix)  Physical Registered Office (Registered Name) (Middle Name) (Suffix)  Physical Registered Office (Registered Name) (Middle Name) (Middle Name) (Suffix)  Physical Registered Office (Registered Name) (Middle Name) (Middle Name) (Suffix)  Physical Registered Office (Registered Name) (Middle Name	A Name of Employer	<u></u>	000000 T000000 D00000	I , ,
Electaration 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 Natice tental 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. o. '0173) for legitimate and lawful purposes.  PRINTED ALLATA  Taxchayed (Authorized Représentative (Sympature over Printed Name)  Part VIII - Primary/Current Employer Information  3 Typa of Registered Office	15 Name of Employer			
2 Declaration 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 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 (RA to "0173) for legitimate and learn'tip purposes.  Part VIII - Primary/Current Employer Information  3 Type of Registered Office	Name of Employer	8		1 1 1
3 Type of Registered Office			ation	
First Name   Findividual (Last Name)	2 Turn of Positional Office   Hood Office   Branch   44 TIN			
T Employer Address  Until Room/Floor/Buildings Building Name/Tower Lov/Bkck/Phase/House No. Street Name Subdivision/Village/Zone  Barang sy Town/District Municipality/City Province ZIP C  Ba	The state of the s	Name)	(Middle Name)	(Suffix)
T Employer Address  Until Room/Floor/Buildings Building Name/Tower Lov/Bkck/Phase/House No. Street Name Subdivision/Village/Zone  Barang sy Town/District Municipality/City Province ZIP C  Ba				
Unit/Rom/Floor/Building# Building Name/Tower Lot/Blcck/Phase/House No. Street Name Subdivision/Village/Zone  Barangay Town/District Municipality/City Province Z/P C	f Non-Individual (Registered Name)	2		
Unit/Rom/Floor/Building# Building Name/Tower Lot/Blcck/Phase/House No. Street Name Subdivision/Village/Zone  Barangay Town/District Municipality/City Province Z/P C	Townson Address			
18 Contact Details Landline Number Fax Number Mobile Number Email Address (required)  19 Relationship Start Date (MMDD/YYYY)  50 Municipality Code (To be filled up by BIR)		iuse No. Stree	t Name Subdivision/Villa	age/Zone
18 Contact Details Landline Number Fax Number Mobile Number Email Address (required)  19 Relationship Start Date (MMDD/YYYY)  50 Municipality Code (To be filled up by BIR)		n	Province	
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19 Relationship Start Date (MMDDYYYY) 50 Municipality Code (To be filled up by BIR)	Unt/Room/Floor/Building# Building Name/Tower Lot/Blcck/Phase/Ho	Municipality/City		ZIP C
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Comp of UIU Pacquing I migo	Barangay Town/District  Barangay Town/District  B Contact Details Landline Number Fax Number Mobile Number	Email Address (re	equired)	Z:PC
I first all a contained on popular, more one approximations and the second seco	Barang sy Town/District  B Contact De:ails Landline Number Fax Number Mobile Number  9 Relationship Start Date (MM/DD/YYYY) 50  1 Declaration I declare, under the penalties of perjury, that this application has been made in good faith, verified by	Email Address (re ) Municipality Code (1) rne and to the best of rny knowly	ro be filled up by BIR)	
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