



# Application for Registration

# 1902

July 2008 (ENCS)

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

419 016 124 000  
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  Local Employee  Resident Alien Employee

2 Date of Registration (To be filled up by BIR) **02 27 2012** (MM/DD/YYYY)

3 RDO Code (To be filled up by BIR) **080**

### Part I Taxpayer / Employee Information

4 TIN (For Taxpayer w/ existing TIN) **0000**

5 Sex  Male  Female

6 Citizenship **Filipino**

7 Taxpayer's Name  
Last Name: **Geli** First Name: **Starky** Middle Name: **Luell** Operario

8 Date of Birth (MM/DD/YYYY) **02 12 1993**

9 Local Residence Address  
No. (Include Building Name): **78** Street: **A.S Fortuna Street** Barangay/Subdivision: **Brgy. Bakilid**  
District/Municipality: **Mandave City** City/Province: **Mandave City**

10 Telephone No. **09482351290**

11 Zip Code **6014**

12 Municipality Code

13 Foreign Residence Address

14 Tax Type  Income Tax Form Type  BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee) ATC **II 011**

### Part II Personal Exemptions

15 Civil Status  Single  Legally separated  with qualified dependent child/ren  without qualified dependent child/ren

Widow/Widower  Married

16 Employment Status of Spouse:  Unemployed  Employed Locally  Employed Abroad  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  
 Husband claims additional exemption and any premium deduction  Wife claims additional exemption and any premium deduction (Attach Waiver of Husband)

18 Spouse Information

18A Spouse Taxpayer Identification Number **0000**

18B Spouse Name Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

18C Spouse Employer's Taxpayer Identification Number

18D Spouse Employer's 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 Employee 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)]

TIN	Previous and Concurrent Employments During the Calendar Year
	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.

*Starky Luell Geli*  
TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT  
(Signature over printed name)

### Part V Employer Information

25 Type of Registered Office  HEAD OFFICE  BRANCH OFFICE

26 Taxpayer Identification Number **004 763 030 000**

27 RDO Code (To be filled up by BIR) **080**

28 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual) **MBS FOODS CORPORATION**

29 Employer's Business Address **MC BRIONES ST. COR. ML QUEZON STS., HI-WAY MAGUIKAY, MANDAUE CITY**

30 Zip Code **6014**

31 Municipality Code (To be filled up by the BIR)

33 Effectivity Date (Date when Exemption Information is applied)

34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information)

32 Telephone Number **344-5667 / 344-3070**

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

Stamp of BIR Receiving Office and Date of Receipt