



Application for Registration

For Individuals Earning Purely Compensation Income
(Local and Alien Employee)

New TIN to be issued, if applicable (To be filled out by BIR)
- - - 0 0 0 0 0

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 <input checked="" type="checkbox"/> Local <input type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien		3 BIR Registration Date (To be filled out by BIR) (MM/DD/YYYY)	
4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN)		3 8 4 - 5 7 8 - 5 8 0 - 0 0 0 0 0		5 RDO Code (To be filled out by BIR)	
6 Taxpayer's Name					
Last Name T E			First Name G E R A R D D I O M A R I		
Middle Name L U C H E			Suffix	7 Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
8 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated					
9 Date of Birth (MM/DD/YYYY) 1 2 / 1 1 / 1 9 9 8		10 Place of Birth L A P U - L A P U C I T Y			
11 Mother's Maiden Name (First Name, Middle Name, Last Name) M A R I A E P I F A N I A C A N E T E L U C H E					
12 Father's Name (First Name, Middle Name, Last Name) D I O N A L D O R O S E L L T E					
13 Citizenship F I L I P I N O			14 Other Citizenship		
15 Local Residence Address					
Unit/Room/Floor/Building No.		Building Name/Tower			
Lot/Block/Phase/House No.		Street Name			
L O T 2 B B L K 1		T U R Q O U I S E S T . E M E R A L D C R N .			
Subdivision/Village/Zone		Barangay			
G E M S V I L L E		L A H U G			
Town/District		Municipality/City			
N O R T H		C E B U C I T Y			
Province					ZIP Code
C E B U					6 0 0 0

16 Foreign Address		17 Municipality Code (To be filled out by BIR)		18 Tax Type I N C O M E T A X		19 Form Type B I R F o r m N o . 1 7 0 0		20 ATC I I 0 1 1	
21 Identification Details (e.g. passport, government issued ID, company ID, etc.)									
Type		Number			Effective Date (MM/DD/YYYY)		Expiry Date (MM/DD/YYYY)		
D R I V E R S		L C S G 0 1 - 1 9 - 0 0 7 6 0 5 1 1			0 5 2 0 1 9 1 2 1 1		2 0 2 3		
Issuer		Place/Country of Issue							
G 0 1		P H I L I P P I N E S							
22 Preferred Contact Type									
<input type="checkbox"/> Landline No.		4 1 7 0 7 2 5			<input checked="" type="checkbox"/> Mobile Number		0 9 1 5 9 2 0 4 5 1 1		
<input type="checkbox"/> Email Address (required)									
g e r a r d - t e 1 1 @ y a h o o . c o m									

Part II - Spouse Information (if applicable)

23 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					
24 Spouse Name					
Last Name			First Name		
Middle Name			Suffix	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					
- - -					