

(To be filled up by BIR) DLN:

[NOTE: This form shall be used in RDOs with eTIS-1 only]



Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

# Application for Registration

BIR Form No  
**1902**

November 2014 (ENCS)

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

TIN to be issued, if applicable (To be filled up by BIR)  
0 0 0 0 0

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

### Part I

#### Taxpayer/Employee Information

1 Taxpayer Type  Local Employee  Resident Alien Employee

2 BIR Registration Date (To be filled up by BIR) (MM/DD/YYYY)

3 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN) 0 0 0 0 0

4 RDO Code (To be filled up by BIR) 084

5 Taxpayer's Name (Last Name) (First Name) (Middle Name) (Suffix) (Nickname)  
Bacalso Marie Antonette Calago

6 Gender  Male  Female

7 Date Of Birth (MM/DD/YYYY) 12 11 2000

8 Place of Birth Cebu City

9 Mother's Maiden Name

10 Father's Name

11 Citizenship

12 Other Citizenship

13 Identification Details (e.g. passport, government issued ID, company ID, etc.)  
Type Number Effective Date (MM/DD/YYYY) Expiry Date (MM/DD/YYYY) Issuer Place/Country of Issue

14 Preferred Contact Type  
 Phone Number  Mobile Number  Fax Number  Email Address (required)

15 Local Residence Address  
Block 1 Lot 5 Villa Lorena Dos Cebu City  
Liloan San Vicente Yati 6002  
Municipality/City/District Barangay ZIP Code

16 Foreign Address

17 Municipality Code (To be filled up by BIR)

18 Tax Type Income Tax

19 Form Type BIR Form No. 1700

20 ATC II 011

### Part II

#### Personal Exemption/Spouse Information

21 Civil Status  Single  Married  Widow/er  Legally Separated  
 with qualified dependent child/ren

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

23 Claims for Additional Exemption/Premium Deduction for husband and wife whose aggregate family income does not exceed P250,000 per annum  
 Husband claims additional exemption and premium deduction  
 Wife claims additional exemption and premium deduction (attach Waiver of Husband, if husband is employed locally or 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 Employer's Name of Spouse (Last Name, First Name, Middle Name, if individual) (Registered Name, if Non-individual)

27 Employer's TIN of Spouse

### Part III

#### Additional Exemption

28 Name of Qualified Dependent Children refers to a legitimate, illegitimate, or legally adopted child chiefly dependent upon and 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	Suffix	Date of Birth (MM/DD/YYYY)	Mark if mentally, physically incapacitated
28A					<input type="checkbox"/>
28B					<input type="checkbox"/>
28C					<input type="checkbox"/>
28D					<input type="checkbox"/>

### Part IV

#### For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year

29 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	
Name of Employer/s	TIN of Employer/s

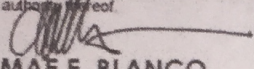
### 30 Declaration

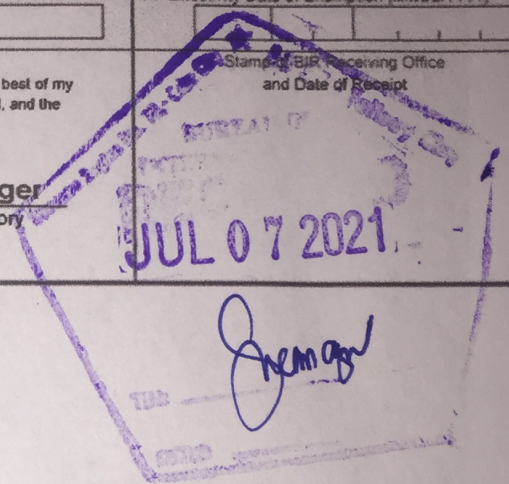
I declare, under the penalties of perjury, that this application has been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

Marie Antonette C. Bacalso

Taxpayer(Employee)/Authorized Representative  
(Signature over Printed Name)



<b>Part V</b>		<b>Primary Employer Information</b>	
31 Type of Registering Office <input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office		32 TIN	33 RDO Code
34 Employer's Name (if Individual) (Last Name) (First Name) (Middle Name) (Suffix) <b>SYKES ASIA INC</b>			
Employer's Registered Name (if Non-individual)			
35 Employer's Address			
10 <sup>th</sup> floor Glorietta 1 <small>Lot/Blk/Phase/House#/Unit/Room/Floor/Bldg./#Sub Street</small>		BPO Office Tower <small>Building Name/Street Name/Subdivision/Village/Zone</small>	
Ayala Center Makati City <small>Municipality/City/District</small>		Province	
37 Contact Number	38 Municipality Code (To be filled up by BIR)	36 Relationship Start Date (MM/DD/YYYY)	
		39 Effectivity Date of Exemption (MM/DD/YYYY)	
40 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.		Stamp of BIR Receiving Office and Date of Receipt	
 <b>MAE E. BLANCO</b> EMPLOYER/AUTHORIZED REPRESENTATIVE (Signature over Printed Name)		<b>HR Senior Manager</b> Title/Position of Signatory	



**Documentary Requirements:**

- 1. NSO Certified Birth Certificate of declared dependents, if any;
- 2. Waiver of husband on his right to claim additional exemptions, if wife will claim;
- 3. Marriage Contract, if applicable;
- 4. NSO Certified Birth Certificate of the applicant; or
- 5. Passport (in case applicant is a resident alien employee).

**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.**





REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF TRANSPORTATION  
LAND TRANSPORTATION OFFICE



**NON-PROFESSIONAL DRIVER'S LICENSE**



Last Name, First Name, Middle Name

**BACALSO, MARIE ANTONETTE CALAGO**

Nationality	Sex	Date of Birth	Weight (kg)	Height(m)
PHL	F	2000/12/11	55	1.56

Address

**B 1 L5 VILLA LORINA DOS SAN VICENTE YATI  
LILOAN CEBU**

License No.	Expiration Date	Agency Code
<b>G01-20-003959</b>	<b>2024/12/11</b>	<b>G01</b>

Blood Type	Eyes Color
<b>O+</b>	<b>BROWN</b>

Restrictions	Conditions
<b>1,2</b>	<b>NONE</b>

*Edgar C. Galvante*  
**EDGAR C. GALVANTE**  
Assistant Secretary

*Marie Antonette Calago*  
**Signature of Licensee**

**III ORGAN DONATION:**

I WILL NOT DONATE ANY ORGAN

**IV. IN CASE OF EMERGENCY NOTIFY:**

NAME: JINNEFER BACALSO  
ADDRESS: SAME ADDRESS  
TEL. NO.: 09327281449

TO • DRIVER'S LICENSES • LTO • DRIVER'S LICENSE • LTO •

**I. RESTRICTIONS:**

1. MOTORCYCLES/MOTORIZED TRICYCLES
2. VEHICLE UP TO 4500 KGS G V W
3. VEHICLE ABOVE 4500 KGS G V W
4. AUTOMATIC CLUTCH UP TO 4500 G V W
5. AUTOMATIC CLUTCH ABOVE 4500 G V W
6. ARTICULATED VEHICLE 1600 KGS G V W AND BELOW
7. ARTICULATED VEHICLE 1601 UP TO 4500 G V W
8. ARTICULATED VEHICLE 4501 & ABOVE G V W

**II. CONDITIONS:**

- A. WEAR EYEGLASSES
- B. DRIVE ONLY W/SPECIAL EQPT FOR UPPER LIMBS
- C. DRIVE ONLY W/SPECIAL EQPT FOR LOWER LIMBS
- D. DAYLIGHT DRIVING ONLY
- E. ACCOMPANIED BY A PERSON W/NORMAL HEARING

Serial Number

**159404599**

