



Welcome, **jb0775** (Employer) [My Account](#) [Sign Out](#)

eTIN Confirmation Page

DEMEGILLO, BABY X is now registered with the BIR as **Local Employee** under **Revenue District Office (RDO) 081** with Taxpayer Identification Number **318142408-0000**.

eTIN User Menu

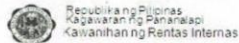
- [TIN Issuance for Employee](#)
- [Password Management](#)
- [Reports](#)

- Secure your TIN card.
- Receive further instructions from the RDO.
- To issue TIN for another employee, please click on [TIN Issuance for Employees](#)

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To be filed up by BIR DLN:



Application for Registration

BIR Form No. **1902**
July 2008 (ENCS)

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

318 142 408 0000
New TINs Issued Applicable to Employees

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 Date of Registration 07/11/2014 3 RDO Code 081

4 TIN _____ Sex Male Female 6 Citizenship **FILIPINO**

7 Taxpayer's Name **DEMIGILLO, BABY X** 8 Date of Birth **05/23/1996**

9 Local Residence Address **TISA** 10 Telephone No. _____
CEBU CITY, CEBU 11 Zip Code **6000** 12 Municipality Code _____

13 Foreign Residence Address _____

14 Tax Type Form Type **Income Tax** BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee) **ATC** 1701

Part II Personal Exemptions

15 Civil Status Single Legally separated with qualified dependent children Widow/Widower Married without qualified dependent children 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 _____ 18B Spouse Name _____

18C Spouse Employer's Taxpayer Identification Number _____ 18D Spouse Employer's Name _____

Part III Additional Exemptions

19 Names of Qualified Dependent Children (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 Impaired
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))

Previous and Concurrent Employments During the Calendar Year

TIN	Name of Employer

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, in accordance with the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

Part V Employer Information

25 Type of Registered Office Branch Office Main Office 26 Taxpayer Identification Number **003460168** 27 RDO Code **125**

28 Employer's Business Name **FREMONT FOODS CORPORATION**

29 Employer's Business Address **3 POINT BLDG. ASIATOWN IT PARK LAHUG CEBU**

30 Municipality Code **6000** 31 Municipality **CEBU** 32 Telephone Number _____

33 Effectivity Date (Date when to be filed up by BIR) **07/11/2014** 34 Date of Certification (Date of Certification of the Exemption Information) **08/11/2014**

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 National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

LANI P. BESYO ASSISTANT RESTAURANT MANAGER 3
EMPLOYER AUTHORIZED AGENT Title / Position of Signatory

Attachments Complete? (To be filled up by R) Yes No

ATTACHMENTS: (Photocopy only)
For Individuals Earning Purely Compensation Income

- Birth Certificate or any valid identification card of applicant showing complete name, address, birth date and signature (Driver's license, PRC ID or passport)
- Marriage Contract, if applicable
- Waiver of husband to claim additional exemption, if applicable
- Birth Certificate/s of dependent/s, if applicable
- Employment Certificate or valid company ID with picture and signature, if available

POSSESSION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IS CRIMINALLY PUNISHABLE PURSUANT

