


Application for Registration
BIR Form No. **1902**
July 2008 (ENCS)

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

353 199 961 0000
 New TINs Issued / Applicable to Employees

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

1 Taxpayer Type <input checked="" type="checkbox"/> Local Employee <input type="checkbox"/> Resident Alien Employee	2 Date of Registration 12/14/2018	3 RDO Code 043
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Part I Taxpayer / Employee Information

4 TIN KAVARADA NAOH CAGAYANAN	5 Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6 Citizenship FILIPINO
7 Taxpayer's Name KAVARADA NAOH CAGAYANAN	8 Date of Birth 01/11/1999	9 Local Residence Address 84 ILANG-ILANG CAMELLA HOMES PAJAC LAPU-LAPU CITY (OPON), CEBU 6015
10 Telephone No.	11 Zip Code	12 Municipality Code
13 Foreign Residence Address		

14 Tax Type: Income Tax / BIR Form 1700 (For Individual Earning Compensation Income/Resident Alien Employee) / ATC / 1011

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 18E First Name 18F Middle 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)	Marital Status (Physically Incapable)
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'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.

TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT

Part V Employer Information

25 Type of Registered Office <input checked="" type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE	27 RDO Code 043
26 Taxpayer Identification Number 007291508	(To be filled up by BIR)
28 Employer's Name (Last Name, First Name, Middle Name, if Individual/Registered Name, if Non-Individual) RESULTS MANILA INC	
29 Employer's Business Address 2ND FLR SILVER CITY MALL FRONTERA VERDE COR JULIA VARGAS AVE UGONG PASIG CITY	
30 Zip Code 1604	31 Municipality Code
32 Telephone Number 4702995	33 Effectivity Date (Date when Exemption Information is added) 12/14/2018
34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) 12/14/2018	

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.

EMPLOYER / AUTHORIZED AGENT Title / Position of Signatory

(Signature over printed Name)

Stamp of BIR Receiving Office and Date of Receipt

Attachments Complete?
 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 Certificates of dependents, 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 TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.