



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1901

July 2021(ENCS) P1

For Self-Employed (Single Proprietor/Professional),
Mixed Income Individuals, Non-Resident Alien
Engaged in Trade/Business, Estate and Trust

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

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

1 Registering Office			2 BIR Registration Date (To be filled out by BIR)(MM/DD/YYYY)			3 PhilSys Card Number (PCN)		
<input checked="" type="checkbox"/> Head Office <input type="checkbox"/> Branch Office <input type="checkbox"/> Facility			<input type="text"/>			<input type="text"/>		

Part I – Taxpayer Information

4 Taxpayer Identification Number (TIN) (For Taxpayer with Existing TIN)			- 0 0 0 0 0			5 RDO Code (To be filled out by BIR)				
6 Taxpayer Type										
<input type="checkbox"/> Single Proprietorship Only (Resident Citizen) <input type="checkbox"/> Mixed Income Earner – Compensation Income Earner & Professional										
<input type="checkbox"/> Resident Alien – Single Proprietorship <input type="checkbox"/> Mixed Income Earner – Compensation Income Earner, Single Proprietorship & Professional										
<input type="checkbox"/> Resident Alien - Professional <input type="checkbox"/> Non-Resident Alien Engaged in Trade/Business										
<input type="checkbox"/> Professional – Licensed (PRC, IBP) <input type="checkbox"/> Estate – Filipino Citizen										
<input type="checkbox"/> Professional – In General <input type="checkbox"/> Estate – Foreign National										
<input type="checkbox"/> Professional and Single Proprietor <input type="checkbox"/> Trust – Filipino Citizen										
<input checked="" type="checkbox"/> Mixed Income Earner – Compensation Income Earner & Single Proprietor <input type="checkbox"/> Trust – Foreign National										
7 Taxpayer's Name										
(Last Name)			(First Name)			(Middle Name)			(Suffix)	(Nickname)
ABORKA			HEINER			ZAMORA				
(If ESTATE, ESTATE of First Name, Middle Name, Last Name, Suffix) (If TRUST, FAO: First Name, Middle Name, Last Name, Suffix)										

8 Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			9 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated								
10 Date of Birth/Organization (In case of Estate/Trust) (MM/DD/YYYY)			1 1 1 9 1 9 9 3			11 Place of Birth (if applicable)			KALIBO, AKLAN		
12 Mother's Maiden Name			ELIZABETH ZAMORA			13 Father's Name			NARZAL ABORKA JR.		
14 Citizenship			FILIPINO			15 Other Citizenship					
16 Local Residence Address											
Unit/Room/Floor/Building No.		Building Name/Tower		Lot/Block/Phase/House No.		Street Name		Subdivision/Village/Zone			
				12B		MAYANA					
Barangay		Town/District		Municipality/City		Province		ZIP Code			
SANTOLAN				PASIG				1610			
17 Business Address											
Unit/Room/Floor/Building No.		Building Name/Tower		Lot/Block/Phase/House No.		Street Name		Subdivision/Village/Zone			
				12B		MAYANA					
Barangay		Town/District		Municipality/City		Province		ZIP Code			
SANTOLAN				PASIG				1610			

18 Foreign Address											
19 Municipality Code (To be filled out by BIR)			20 Purpose of TIN Application								
21 Identification Details [government issued ID (e.g., passport, driver's license, company ID, etc.)]											
Type	ID Number	Effectivity Date (MM/DD/YYYY)			Expiry Date (MM/DD/YYYY)			Issuer	Place/Country of Issue		
PASSORT	P8311262B	1 1 2 7 2 0 2 1			1 1 2 6 2 0 3 1			DFA	PHILIPPINES		
22 Preferred Contact Type											
<input type="checkbox"/> Landline Number		<input type="checkbox"/> Fax Number		<input checked="" type="checkbox"/> Mobile Number		Email Address (required)					
				09273078968		NERBORKA@GMAIL.COM					

23 Are you availing of the 8% income tax rate option in lieu of graduated income tax rates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
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Part II – Spouse Information

24 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											
25 Spouse Name (Last Name, First Name, Middle Name, Suffix)						26 Spouse TIN					
						- 0 0 0 0 0					
27 Spouse Employer's Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual Registered Name)(Attach additional sheet/s, if necessary)						28 Spouse Employer's TIN					
						- - - - -					

Part III – Authorized Representative

29 Relationship Name (For Authorized Representative)											
If Individual		(Last Name)		(First Name)		(Middle Name)		(Suffix)	(Nickname)		
If Non-Individual (Registered Name)											
30 Relationship Date (MM/DD/YYYY)				31 Address Type							
				<input type="checkbox"/> Residence <input type="checkbox"/> Place of Business <input type="checkbox"/> Employer Address							

32 Address

Unit/Room/Floor/Building No.

Building Name/Tower

Lot/Block/Phase/House No.

Street Name

Subdivision/Village/Zone

Barangay

Town/District

Municipality/City

Province

ZIP Code

33 Preferred Contact Type

☐ Landline Number

☐ Fax Number

☐ Mobile Number

Email Address (required)

Part IV – Business Information

34 Single Business Number/Philippine Business Number

35 Primary/Secondary Industries (attach additional sheet/s, if necessary)

Industry

Trade/Business Name

Regulatory Body

Primary

PAPERKRAFT.PH OFFICE AND SCHOOL SUPPLIES

Secondary

Industry

Business Registration Number

Business Registration Date (MM/DD/YYYY)

PSIC Code (To be filled out by BIR)

Line of Business

Primary

5997234

03312024

Secondary

36 Incentives Details

36A Investment Promotion (e.g., PEZA, BOI)

36B Legal Basis (e.g., R.A., E.O.)

36C Incentive Granted (e.g., Exempt from IT, VAT, etc.)

36D No. of Years

36E Incentive Start Date (MM/DD/YYYY)

36F Incentive End Date (MM/DD/YYYY)

37 Details of Registration/Accreditation

37A Registration/Accreditation Number

37B Effectivity Date (MM/DD/YYYY)

37C Date Issued (MM/DD/YYYY)

37D Registered Activity

37E Tax Regime (Regular, Special, Exempt)

37F Activity Start Date (MM/DD/YYYY)

37G Activity End Date (MM/DD/YYYY)

Part V – Facility Details

38 Facility Details (PP-Place of Production/Plant; SP-Storage Place; WH-Warehouse; SR>Showroom; GG-Garage; BT=Bus Terminal; RP=Real Property for Lease with No Sales Activity)

38A Facility Code (To be filled out by BIR)

38B Facility Type

38C Facility Address

Unit/Room/Floor/Building No.

Building Name/Tower

Lot/Block/Phase/House No.

Street Name

Subdivision/Village/Zone

Barangay

Town/District

Municipality/City

Province

ZIP Code

Part VI – Tax Types

39 Tax Types (this portion determines your tax liability/ies) (To be filled out by BIR)

Form Type

ATC

Form Type

ATC

Income Tax

☐ Individual Income Tax

☐ Capital Gains – Real Property

☐ Capital Gains – Stocks

☐ Registration Fee

☐ Value-Added Tax

Withholding Tax

☐ Compensation

☐ Expanded

☐ Final

☐ Fringe Benefits

☐ Value-Added Tax

☐ Other Percentage Tax

☐ ONETT not subject to CGT

☐ Percentage Tax on Winnings & Prizes

☐ On Interest Paid on Deposits and Yield on Deposits/Substitutes

☐ Alcohol Products

☐ Automobile & Non-Essential Goods

☐ Cosmetic Procedures

☐ Mineral Products

☐ Petroleum Products

☐ Sweetened Beverages

☐ Tobacco Products

☐ Tobacco Inspection & Monitoring Fees

☐ Vapor Products

Percentage Tax

☐ Stocks

☐ Stocks-Initial Public Offering (IPO)

☐ Overseas Dispatch And Amusement Taxes

☐ Under Special Laws

☐ Other Percentage Taxes under NIRC (specify)

☐ Documentary Stamp Tax (DST)

☐ Regular

☐ One-Time Transactions (ONETT)

Transfer Tax


☐ Donor's Tax

☐ Estate Tax

Miscellaneous Tax (specify)

Others (specify)

Part VII – Receipts and Invoices									
40 BIR Printed Receipts and Invoices									
40A Do you intend to use BIR Printed Receipts and Invoices?				40B Type		40C No. of Booklets		40D Serial Number	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> VAT <input type="checkbox"/> NON-VAT		<div></div>		<div>Start</div> <div>End</div>	
41 Authority to Print Receipts and Invoices									
41A Printer's Name									
41B Printer's TIN				41C Printer's Accreditation Number			41D Date of Accreditation (MM/DD/YYYY)		
<div></div>				<div></div>			<div></div>		
41E Registered Address									
Unit/Room/Floor/Building No.		Building Name/Tower		Lot/Block/Phase/House No.		Street Name		Subdivision/Village/Zone	
<div></div>		<div></div>		<div></div>		<div></div>		<div></div>	
Barangay		Town/District		Municipality/City		Province		ZIP Code	
<div></div>		<div></div>		<div></div>		<div></div>		<div></div>	
41F Contact Number (Landline/Cellphone No.)				41G Email Address					
<div></div>				<div></div>					
41H Type of Receipt/Invoice <input type="checkbox"/> Bound <input type="checkbox"/> Loose Leaf									
41I Description of Primary/Secondary Receipts and Invoices (Attach additional sheet/s, if necessary)									
Description	TYPE		No. of Boxes/Booklets		No. of Sets per Box/Booklet	Serial No.		No. of Copies per Set	
	VAT	Non-VAT	Loose	Bound		Start	End		
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							

Part VIII – For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year									
42 Type of Multiple Employments <input type="checkbox"/> Successive Employments (With previous employer/s within the calendar year) <input type="checkbox"/> 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) (Attach additional sheet/s, if necessary)									
42A Name of Employer <input type="checkbox"/> Primary Employer					42B TIN of Employer				
<div></div>					<div></div>				
42C Name of Employer <input type="checkbox"/> Primary Employer					42D TIN of Employer				
<div></div>					<div></div>				
Primary/Current Employer Information									
43 Relationship Start Date (MM/DD/YYYY)			44 Contact Type						
<div></div>			<input type="checkbox"/> Landline Number <input type="checkbox"/> Fax Number <input type="checkbox"/> Mobile Number Email Address (required)						
<div></div>			<div></div>						
45 Declaration								Receiving Office and Date of Receipt	
<p>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 the authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.</p> <div> HEINER Z. ABORKA Taxpayer/Authorized Representative (Signature over Printed Name)</div>									

Part IX – Payment Order Form for New Business Registrant										
(For BIR Payment Acceptance Only. Not to be filed in AABs)										
BIR Form No.		46 Taxpayer's Identification Number (TIN)			Branch Code		47 RDO Code		48 For the Year	
0605		<div></div>			<div></div>		<div></div>		<div></div>	
(Part of BIR Form No. 1901)		49 Taxpayer's Name								
Payment Details (To be filled out by BIR-Revenue Collection Officer)										
50 Date of Payment (MM/DD/YYYY)				<div></div>						
eROR/ROR No.		ATC		Particulars						
51		MC180		Registration Fee				51A		
52		MC200		BIR Printed Receipts / Invoices				52A		
53	Add: Penalties		Surcharge		Interest		Compromise			
		53A		53B		53C		53D		
54	Total Amount Payable (Sum of Items 56A, 57A and 58D)								54A	

Documentary Requirements:

- ☐ 1. For Sole Proprietor/Professionals not regulated by the Professional Regulation Commission (PRC):
 - Any government-issued ID (e.g., Birth Certificate, passport, driver's license, Community Tax Certificate, PhilID) that shows the name, address and birthdate of the applicant. In case the ID has no address, any proof of residence or business address; (1 photocopy) orIn case of the practice of profession regulated by PRC:
 - Valid PRC ID and government ID showing address or proof of residence or business address. (1 photocopy)

Note: IDs shall be presented and should be readable, untampered and contains consistent information with the documents submitted upon application.
- ☐ 2. BIR Printed Receipt/Invoice (Available for sale at the New Business Registrant Counter); **or**
☐ Final and clear sample of OWN Principal Receipts/Invoices. (1 original) (Sample layout is also available at the New Business Registrant Counter)

Note: In case taxpayer-applicant will opt to print its own receipts/invoices, taxpayer-applicant should choose an Accredited Printer who will print the receipts/invoices.
- ☐ 3. Payment of P530.00, if applicable, for the following:
 - P500.00 Annual Registration Fee (RF);
 - P30.00 Loose Stamp/s (DST) to be affixed on the Certificate of Registration.

Note: If the Registration Fee of P500.00 was already paid, the proof of payment (1 photocopy) shall be submitted.

Additional documents, if applicable:

- ☐ 1. If transacting through a Representative:
 - 1.1 Special Power of Attorney (SPA); (1 original)
 - 1.2 Any government-issued ID of the taxpayer and authorized representative; (1 photocopy)
- ☐ 2. DTI Certificate (if **with** business name); (1 photocopy)
- ☐ 3. Work Visa (9g) for Foreign Nationals; (1 photocopy)
- ☐ 4. Franchise Documents (e.g., Certificate of Public Convenience) (for Common Carrier); (1 photocopy)
- ☐ 5. Trust Agreement (for Trusts); (1 photocopy)
- ☐ 6. Death Certificate of the deceased (for Estate under judicial settlement); (1 photocopy)
- ☐ 7. Certificate of Authority, if Barangay Micro Business Enterprises (BMBE) registered entity; (1 photocopy)
- ☐ 8. Proof of Registration/Permit to Operate BOI/BOI-ARMM, PEZA, BCDA, TIEZA/TEZA, SBMA, etc. (1 photocopy)

BRANCH AND FACILITY
REGISTRATION OF BRANCH

- ☐ 1. ☐ BIR Printed Receipt/Invoice (Available for sale at the New Business Registrant Counter); **or**
☐ Final and clear sample of OWN Principal Receipts/Invoices. (1 original) (Sample layout is also available at the New Business Registrant Counter)

Note: In case taxpayer-applicant will opt to print its own receipts/invoices, taxpayer-applicant should choose an Accredited Printer who will print the receipts/invoices.
- ☐ 2. Payment of P530.00, if applicable, for the following:
 - P500.00 Annual Registration Fee (RF);
 - P30.00 Loose Stamp/s (DST) to be affixed on the Certificate of Registration.

Note: If the Registration Fee of P500.00 was already paid, the proof of payment (1 photocopy) shall be submitted.

REGISTRATION OF FACILITY

- ☐ 1. BIR Form No. 1901. (2 originals)

ADDITIONAL DOCUMENTS FOR BRANCH/FACILITY, IF APPLICABLE:

- ☐ 1. If transacting through a Representative:
 - 1.1 Special Power of Attorney (SPA); (1 original)
 - 1.2 Any government-issued ID of the taxpayer and authorized representative; (1 photocopy)
- ☐ 2. DTI Certificate (if with business name); (1 photocopy) (for Branch only)
- ☐ 3. Franchise Documents (e.g., Certificate of Public Convenience) (for Common Carrier); (1 photocopy) (for Branch only)
- ☐ 4. Franchise Agreement; (1 photocopy) (for Branch only)
- ☐ 5. Memorandum of Agreement (for JOINT VENTURE); (1 photocopy) (for Branch only)
- ☐ 6. Certificate of Authority, if Barangay Micro Business Enterprises (BMBE) registered entity; (1 photocopy) (for Branch only)
- ☐ 7. Proof of Registration/Permit to Operate BOI/BOI-ARMM, PEZA, BCDA, TIEZA/TEZA, SBMA, etc. (1 photocopy) (for Branch only)

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

For Voluntary Payment

I declare, under the penalties of perjury that this document 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 the authority thereof.



HEINER Z. ABORKA

Signature over Printed Name of Taxpayer/Authorized Representative

Online Seller

Title/Position of Signatory

Stamp of BIR Receiving Office
and Date of Receipt