Registration Update Sheet For Account Enrollment in Online Registration and Update System For Updating of Records Required in Taxpayer Registration System



Print the information that will be updated, supported by documents and sign the declaration. All information is required.

TAXPAYER INFORMATION	
▶1 TIN	Branch Code ▶2 RDO CODE ▶DLN For BIR Use Only
►2 REGISTERED NAME (For individuals, Last Name, First Name Suffix, Middle Name) ►3 BIRTH/INCORPORATION DATE MM/DD/YYYY	
CONTACT INFORMATION	▶4 TAXPAYER'S DESIGNATED OFFICIAL EMAIL ADDRESS ▶5 MOBILE OR TELEPHONE NO.
	The designated email address should be of the taxpayer's official email address. This shall be used in serving BIR orders, notices, letters
	and other processes/communications to the taxpayers. The designated e-mail address shall be the official e-mail address of the registered individual or non-individual taxpayers and not the e-mail address of the authorized representative or tax agent.
	UNIT/RM/FLR/BLDG NAME LT/BLK/PH/HOUSE NO./STREET NAME LT/BLK/PH/HOUSE NO./STREET NAME
	TOWN/DISTRICT ▶6 BARANGAY ▶7 MUNICIPALITY/CITY ▶8 PROVINCE ▶9 ZIPCODE
	ILOILO CITY PROPER
THIS PORTION SHALL BE ACCOMPLISHED BY INDIVIDUALS ONLY	
	▶10 PLACE OF BIRTH
PLACE OF BIRTH	
	▶11 FATHER'S FULL NAME ▶12 MOTHER'S FULL MAIDEN NAME
PARENTS NAME	
SPOUSE'S INFORMATION	▶13 SPOUSE'S TIN Branch Code ▶14 SPOUSE'S FULL NAME
(If married)	
SPOUSE'S EMPLOYER'	▶15 SPOUSE EMPLOYER'S TIN Branch Code ▶16 SPOUSE EMPLOYER'S REGISTERED NAME
INFORMATION	
(If employed)	
TAXPAYER EMPLOYER'S	▶17 EMPLOYER'S TIN Branch Code ▶18 EMPLOYER'S REGISTERED NAME
INFORMATION (If employed)	
AUTHORIZED REPRESENTATIVE / CONTACT PERSON (For Non-individual)	
AUTHORIZED REPRESENTATIVE OR ►19 TIN Branch Code ►20 POSITION/TITLE	
CONTACT PERSON INFO	
	▶21 FULL NAME
DECLARATION	
I declare, under the penalties of perjury, that this application has been made in good faith, verified Stamp of BIR Receiving Office	
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.	
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.	
► 22 SIGNATURE OVER PRINTED NAME ► 23 DATE	
	
TAXPAYER/AUTHORIZED REPRESENTATIVE	
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You may submit this sheet via email to the Revenue District Office (RDO) where you are registered. For individuals, sender via email application should match with item 4 above if not transacting with a representative. You may scan the QR Code for the contact information and email address of the RDOs.



CHECKLIST OF REQUIREMENTS (scanned or photocopy) Government ID of the taxpayer, if individual; or Birth Certificate;

Marriage Certificate;

If transacting through a representative:

SPA or Board Resolution/Secretary's Certificate; and Government ID of the signatory and representative.