



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

TAXPAYER INFORMATION

▶ 1 TIN

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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

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.

▶ 5 MOBILE OR TELEPHONE NO.

UNIT/RM/FLR/BLDG NAME

LT/BLK/PH/HOUSE NO./STREET NAME

LT/BLK/PH/HOUSE NO./STREET NAME

TOWN/DISTRICT

ILOILO CITY PROPER

▶ 6 BARANGAY

BONIFACIO TANZA

▶ 7 MUNICIPALITY/CITY

▶ 8 PROVINCE

▶ 9 ZIPCODE

THIS PORTION SHALL BE ACCOMPLISHED BY INDIVIDUALS ONLY

PLACE OF BIRTH

▶ 10 PLACE OF BIRTH

PARENTS NAME

▶ 11 FATHER'S FULL NAME

▶ 12 MOTHER'S FULL MAIDEN NAME

SPOUSE'S INFORMATION  
*(If married)*

▶ 13 SPOUSE'S TIN

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Branch Code

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▶ 14 SPOUSE'S FULL NAME

SPOUSE'S EMPLOYER' INFORMATION  
*(If employed)*

▶ 15 SPOUSE EMPLOYER'S TIN

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Branch Code

▶ 16 SPOUSE EMPLOYER'S REGISTERED NAME

TAXPAYER EMPLOYER'S INFORMATION  
*(If employed)*

▶ 17 EMPLOYER'S TIN

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Branch Code

▶ 18 EMPLOYER'S REGISTERED NAME

AUTHORIZED REPRESENTATIVE / CONTACT PERSON *(For Non-individual)*

AUTHORIZED REPRESENTATIVE OR CONTACT PERSON INFORMATION

▶ 19 TIN

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Branch Code

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▶ 20 POSITION/TITLE

▶ 21 FULL NAME

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. 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

TAXPAYER/AUTHORIZED REPRESENTATIVE

▶ 23 DATE

Stamp of BIR Receiving Office and Date of Receipt

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.