



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Application for Registration

BIR Form No.

1902

July 2008 (ENCS)

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

New TIN to be issued, if applicable (To be filled up by BIR)

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

1 Taxpayer Type ▶ <input type="checkbox"/> Local Employee <input type="checkbox"/> Resident Alien Employee	2 Date of Registration (To be filled up by BIR) ▶ (MM/ DD/ YYYY)	3 RDO Code (To be filled up by BIR) ▶ 048
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Part I Taxpayer / Employee Information

4 TIN (For Taxpayer w/ existing TIN) ▶ Last Name First Name Middle Name	5 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	6 Citizenship ▶
7 Taxpayer's Name ▶ Last Name First Name Middle Name	8 Date of Birth ▶ (MM/ DD/ YYYY)	10 Telephone No. ▶
9 Local Residence Address ▶ No. (Include Building Name) Street Barangay/Subdivision District/Municipality City/Province	11 Zip Code ▶	12 Municipality Code ▶
13 Foreign Residence Address ▶		

14 Tax Type Income Tax <input type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)	Form Type ATC II 011
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Part II Personal Exemptions

15 ▶ Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Legally separated <input type="checkbox"/> with qualified dependent child/ren	<input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input type="checkbox"/> without qualified dependent child/ren	16 ▶ 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
17 ▶ Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum <input type="checkbox"/> Husband claims additional exemption and any premium deduction <input type="checkbox"/> Wife claims additional exemption and any premium deduction (Attach Waiver of Husband)		
18 Spouse Information		
18A Spouse Taxpayer Identification Number ▶	18B Spouse Name ▶ Last Name First Name Middle Name	
18C Spouse Employer's Taxpayer Identification Number ▶	18D Spouse Employer's Name ▶	

Part III Additional Exemptions

19 Names of Qualified Dependent Child/ren (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 Incapacitated
19A ▶	19B ▶	19C ▶	19D ▶	19E <input type="checkbox"/>
20A ▶	20B ▶	20C ▶	20D ▶	20E <input type="checkbox"/>
21A ▶	21B ▶	21C ▶	21D ▶	21E <input type="checkbox"/>
22A ▶	22B ▶	22C ▶	22D ▶	22E <input type="checkbox"/>

Part IV For Employee With Two or More Employers (Multiple Employments) Within the Calendar Year

23 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)]	
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 (Signature over printed name)

Part V Employer Information

25 Type of Registered Office <input type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE	27 RDO Code (To be filled up by BIR) ▶
26 Taxpayer Identification Number ▶	
28 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual) ▶	
29 Employer's Business Address ▶	
30 Zip Code ▶	31 Municipality Code (To be filled up by the BIR) ▶
32 Telephone Number ▶	33 Effectivity Date (Date when Exemption Information is applied) ▶ (MM/ DD/ YYYY)
34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) ▶ (MM/ DD/ YYYY)	

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. ARCH. RAMON T. PUA EMPLOYER / AUTHORIZED AGENT (Signature over printed Name)	PRES./CEO/COO Title / Position of Signatory	Stamp of BIR Receiving Office and Date of Receipt
		Attachments Complete? (To be filled up by BIR) <input type="checkbox"/> Yes <input type="checkbox"/> 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 TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.