



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Application for Registration

BIR Form No.

1902

JULY 2008 (ENC)

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 ☒ Local Employee ☐ Resident Alien Employee 2 Date of Registration (To be filled up by BIR) 7/25/2019 3 RDO Code (To be filled up by BIR) 103

Part I Taxpayer / Employee Information 4 TIN (For Taxpayer w/ existing TIN) 0000 5 Sex ☐ Male ☐ Female 6 Citizenship Filipino

7 Taxpayer's Name Last Name: Froisland, First Name: Reynato, Middle Name: Esteron 8 Date of Birth (MM/DD/YYYY) 02/03/1977

9 Local Residence Address No. (Include Building Name) Street Barangay/Subdivision City/Province Zip Code 10 Telephone No. 12 Municipality Code

13 Foreign Residence Address

14 Tax Type Form Type Income Tax ☐ BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee) ATC II 011

Part II Personal Exemptions 15 Civil Status ☒ Single ☐ Legally separated ☐ Widowed ☐ Married ☐ with qualified dependent child/ren ☐ without qualified dependent child/ren 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 0000 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
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)).

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. **Reynato Froisland** TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT (Signature over printed name)

Part V Employer Information 25 Type of Registered Office ☐ HEAD OFFICE ☐ BRANCH OFFICE 26 Taxpayer Identification Number 009 320 058 0000 27 RDO Code (To be filled up by BIR)

28 Employer's Name (Last Name, First Name, Middle Name; if Individual/Registered Name; if Non-Individual) TAMARAW TECHNDHUB INC.

29 Employer's Business Address 15TH FLOOR, MEGALIFE BLDG., JUAN LUNA ST., SAN VICENTE, CALAPAN CITY

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) 34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information)

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.

RICK G. BALBUENA
EMPLOYER / AUTHORIZED AGENT
(Signature over printed Name)

HR OFFICER
Title / Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt

Attachments Complete? (To be filled up by BIR)

☒ Yes ☐ No

ATTACHMENTS: (Photocopy only)

