

Part III - For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year**28 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)

Previous and/or Concurrent Employments During the Calendar Year**29A Name of Employer****29B TIN of Employer****30A Name of Employer****30B TIN of Employer****31A Name of Employer****31B TIN of Employer****32 Declaration**

I declare under the penalties of perjury that this application, and all its attachments, have 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.

JOHN C. MARANAN
Taxpayer(Employee)/Authorized Representative
(Signature over Printed Name)

Part IV - Primary/Current Employer Information**33 Type of Registering Office**

☒ Head Office ☐ Branch Office

34 TIN

0 0 9 - 3 2 0 - 4 5 8 - 0 0 0 0

35 RDO Code**36 Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)**

T A M A R A W T E C H N O L O G Y I N C

37 Employer's Address

Unit/Room/Floor/Building No.

Building Name/Tower

4th

MEGALIFE

Lot/Block/Phase/House No.

Street Name

JUAN LUNA

Subdivision/Village/Zone

Barangay

Town/District

SAN VICENTE

Municipality/City

CALAPAN

Province

ZIP Code

ORIENTAL MINDORO

5200

38 Contact Details

Landline Number

Fax Number

Mobile Number

0434419381

39 Relationship Start Date/Date Employee was Hired
(MM/DD/YYYY)**40 Municipality Code (To be filled out by BIR)****41 Declaration**

I declare under the penalties of perjury that this application and all its attachments, have 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.

KRISTINE C. TEJIDA
EMPLOYER/AUTHORIZED REPRESENTATIVE
(Signature over Printed Name)

HR OFFICER
Title/Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt

AUG 03 2023

*Note: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)

Documentary Requirements:**For Local Employee:**

- ☐ 1. Any identification issued by an authorized government body (e.g. Birth Certificate, Passport, Driver's License, etc.) that shows the name, address and birthdate of the applicant.
- ☐ 2. Marriage Contract, if applicable.

For Alien Employee:

- ☐ 1. Passport
- ☐ 2. Working Permit or photocopy of duly received Application for Alien Employment (AEP) by the Department of Labor and Employment (DOLE)

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.



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1902

January 2018 (ENCS)

For Individuals Earning Purely Compensation Income
(Local and Alien Employee)

(091) - 258 - 429 - 000000
New TIN to be issued, if applicable (To be filled out by BIR)

Fill in all applicable white spaces. Write "NA" for those not applicable. Mark all appropriate boxes with an "X"

Part I - Taxpayer/Employee Information

1 PhilSys Number (PSN)	2 Taxpayer Type <input type="checkbox"/> Local <input type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien	3 BIR Registration Date (To be filled out by BIR) (MM/DD/YYYY) AUG 03 2023
4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN)	5 RDO Code (To be filled out by BIR)	

6 Taxpayer's Name		7 Gender
Last Name M A R I A N A N	First Name J H O N - J H O N	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Middle Name C A L A L I U A I N	Suffix	
8 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated		

9 Date of Birth (MM/DD/YYYY) 04/07/2001	10 Place of Birth S A N L U I S I N A U J A N I O R I M I N O R I
--	--

11 Mother's Maiden Name (First Name, Middle Name, Last Name) C E C I L I A A S I N A S C A L A L I U A I N

12 Father's Name (First Name, Middle Name, Last Name) O R L A N D O M A T I B I A G I M A I R I A N I A N
--

13 Citizenship F I L I P I N O	14 Other Citizenship
-----------------------------------	----------------------

15 Local Residence 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

16 Foreign Address O R I E N T A L M I N O R O	5204
---	------

17 Municipality Code (To be filled out by BIR)	18 Tax Type INCOME TAX	19 Form Type BIR Form No. 1700	20 ATC II 011
---	---------------------------	-----------------------------------	------------------

21 Identification Details (e.g. passport, government issued ID, company ID, etc.)			
Type P A S S P O R T	Number 092517411495	Effective Date (MM/DD/YYYY)	Expiry Date (MM/DD/YYYY)
Issuer P A S S P O R T	Place/Country of Issue P A I L I P P I N E S		

22 Preferred Contact Type <input type="checkbox"/> Landline No. <input checked="" type="checkbox"/> Mobile Number	09776510592
---	-------------

<input checked="" type="checkbox"/> Email Address (required) M a r i a n a n J h o n j h o n 2 3 5 4 @ g m a i l . c o m

Part II - Spouse Information (if applicable)

23 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
--

24 Spouse Name		25 Spouse TIN
Last Name	First Name	
Middle Name	Suffix	
		000000

26 Spouse Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)	27 Spouse Employer's TIN