

**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 (Attach additional sheet/s, if necessary)****29A Name of Employer****29B Employer's TIN****30A Name of Employer****30B Employer's TIN****31A Name of Employer****31B Employer's TIN****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.

LOVELY B. MARANAN  
 Taxpayer (Employee)/Authorized Representative  
 (Signature over Printed Name)

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

☒ Head Office ☐ Branch Office

**34 TIN**

0 0 9 3 2 0 0 5 6 0 0 0 0

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

TAMARAN TECHHUB INC

**37 Employer's Address****Unit/Room/Floor/Building No.**

5th Floor

**Building Name/Tower**

MEGALIFE BUILDING

**Lot/Block/Phase/House No.****Street Name**

JUAN LUNA

**Subdivision/Village/Zone****Barangay**

SAN VICENTE

**Town/District****Municipality/City**

CALAPAN

**Province****ZIP Code**

ORIENTAL MINDORO

5200

**38 Contact Details****Landline Number**

0434419381

**Fax Number****Mobile Number****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 TEJIDA  
 EMPLOYER/AUTHORIZED REPRESENTATIVE  
 (Signature over Printed Name)

HR OFFICER  
 Title/Position of Signatory

Stamp of BIR Receiving Office  
 and Date of Receipt

OCT 16 2023

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

**Documentary Requirements:****For Local Employee:**

- ☐ 1. Any government-issued ID (e.g., Birth Certificate, Passport, Driver's License, Community Tax Certificate, PhilID) that shows the name, address and birthdate of the applicant. In case the ID has no address, any proof of residence; (1 photocopy)
- ☐ 2. Marriage Contract, for married female; (1 photocopy)

**For Foreign Nationals/Alien Employee:**

- ☐ 1. Passport (Bio page, including date of entry/arrival and exit/departure stamp, if applicable); (1 photocopy)
- ☐ 2. Employment Contract or equivalent document indicating the duration of employment, compensation and other benefits and scope of duties; (1 certified true copy)

☐ **If transacting through a Representative:**

- 2.1 Special Power of Attorney (SPA); (1 original)
- 2.2 Any government-issued ID of the taxpayer and authorized representative; (1 photocopy)

☐ **In the case of employer securing TIN in behalf of its employee:**

- (a) Letter of Authority (LOA) with company letterhead (if applicable) signed by the President or HR Head indicating the company name and its authorized representative; (1 original)
- (b) Any government-issued ID of the signatory (for signature validation); (1 certified true copy)
- (c) Any government-issued ID of the authorized person of the employer; (1 photocopy)
- (d) Transmittal List of Newly Hired Employees with a place of assignment and certifying that the list is its newly hired employees; (1 original)
- (e) Letter of Authority from the employee/s; (1 original)
- (f) Printed copy of eREG System message that the employee has a similar record, if applicable; (1 original)

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

July 2021 (ENCS) P1

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

6361 351 325 00000  
New TIN to be issued, if applicable (To be filled out by BIR)

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

1 BIR Registration Date (To be filled out by BIR) (MM/DD/YYYY) OCT 16 2023 2 PhilSys Card Number (PCN)

## Part I - Taxpayer/Employee Information

3 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN) 000000 4 RDO Code (To be filled out by BIR) 003 5 Taxpayer Type  
☐ Local ☐ Resident Alien ☐ Special Non-Resident Alien

6 Taxpayer's Name (Last Name) (First Name)

MARANAN

LOVELY

(Middle Name)

(Suffix)

7 Gender

BUHAT

☐ Male ☒ Female

8 Civil Status ☒ Single ☐ Married ☐ Widower ☐ Legally Separated

9 Date of Birth (MM/DD/YYYY) 02 21 2001 10 Place of Birth CALAPAN CITY ORIENTAL MINDORO

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) GLECY ANGLO BUHAT

12 Father's Name (First Name, Middle Name, Last Name, Suffix) ROCELIO FORTA MARANAN

13 Citizenship FILIPINO 14 Other Citizenship, if applicable

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

ORIENTAL MINDORO

5204

16 Foreign Address

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 (government issued ID (e.g., passport, driver's license, etc.); company ID, etc.) Type Number Effectivity Date (MM/DD/YYYY) Expiry Date (MM/DD/YYYY)

PHILHEALTH

09-2517506 11-2

Issuer Place/Country of Issue CALAPAN CITY

22 Preferred Contact Type ☐ Landline Number ☐ Fax Number ☐ Mobile Number

Email Address (required)

lovelymaranan0221@gmail.com

## Part II - Spouse Information (if applicable)

23 Employment Status of Spouse: ☐ Unemployed ☐ Employed Locally ☐ Employed Abroad ☐ Engaged in Business/Practice of Profession

24 Spouse Name (Last Name) (First Name)

(Middle Name)

(Suffix)

25 Spouse TIN

00000

26 Spouse Employer's Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name) (Attach additional sheets, if necessary)

27 Spouse Employer's TIN