



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Application for Registration

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 checked="" type="checkbox"/> Local Employee <input type="checkbox"/> Resident Alien Employee	2 Date of Registration (To be filled up by BIR) 0 1 1 9 2 0 1 8	3 RDO Code (To be filled up by BIR)
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Part I Taxpayer / Employee Information	
4 TIN (For Taxpayer w/ existing TIN) 343 53 296 0000	5 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

7 Taxpayer's Name Last Name: FIEL First Name: RUBELIN Middle Name: MABAL	6 Citizenship PILIPINO
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9 Local Residence Address No. (include Building Name): CABATUBAN 9 Street: SASA City/Province: DAVAO CITY	8 Date of Birth MM/DD/YYYY 1 1 0 8 1 9 9 6
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10 Telephone No. 2 8 5 6 4 4 9	11 Zip Code 8 0 0 0
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13 Foreign Residence Address	12 Municipality Code
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14 Tax Type Income Tax <input type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)	Form Type ATC 11 011
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Part II Personal Exemptions	
15 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Legally separated <input type="checkbox"/> with 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 0 0 0 0	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	
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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	Name of Employer/s
TIN	

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.
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TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT (Signature over printed name) RUBELIN FIEL

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) 127
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26 Taxpayer Identification Number 222 706 670	28 Employer's Name (Last Name, First Name, Middle Name, if individual; Registered Name, if non-individual) SONIC SALES & DISTRIBUTION INC.
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29 Employer's business Address #888 MINTRADE BLDG., R. CASTILLO ST., AGDAO, DAVAO CITY

30 Zip Code 8 0 0 0	31 Municipality Code (To be filled up by BIR)	32 Telephone Number
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33 Effectivity Date (Date when Exemption Information is applied)	34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information)
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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.	Stamp of BIR Receiving Office and Date of Receipt
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EMPLOYER / AUTHORIZED AGENT (Signature over printed name) DAPHNE B. MENTAL	HR OFFICER Title / Position of Signatory	Attachments Complete? (To be filled up by BIR) <input type="checkbox"/> Yes <input type="checkbox"/> No
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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)