



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Application for Registration

468-603-325 **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) (MM/DD/YYYY)	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)	5 Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	6 Citizenship FILIPINO
7 Taxpayer's Name Last Name: PESALDON First Name: SHEILA MEA Middle Name: MUGOT		8 Date of Birth (MM/DD/YYYY) 07/28/1992
9 Local Residence Address No. (Include Building Name): MALINCON Street: SARANGANI Barangay/Subdivision: MALINCON CAMAY		10 Telephone No.
11 Zip Code		12 Municipality Code
13 Foreign Residence Address		

14 Tax Type Income Tax	Form Type <input type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)	ATC II 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 checked="" 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
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 <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.
SHEILA MEA PESALDON 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 222 706 670	132
28 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual) SONIC SALES AND DISTRIBUTION INC.	
29 Employer's Business Address #888 MINTRADE BLDG., R. CASTILLO ST., AGDAO, DAVAO CITY	
30 Zip Code 8000	31 Municipality Code
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.	Stamp of BIR Receiving Office and Date of Receipt
KAREEN MICHELLE L. QUIBETE EMPLOYER / AUTHORIZED AGENT (Signature over printed name)	Attachments Complete? (To be filled up by BIR) <input type="checkbox"/> Yes <input type="checkbox"/> No
HR OFFICER Title / Position of Signatory	

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)