



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration Information Update/Correction/Cancellation

BIR Form No.

1905

July 2021 (ENCS) P1

Fill in suitable spaces. Mark appropriate boxes with a check.

PART I - TAXPAYER INFORMATION

1. Taxpayer Identification Number (TIN)

3,59-922-872

2. RDO Code

3. Contact Number (Landline/Mobile No.)

0905 20 62 089

4. Registered Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name)

CEAL JESSE KENNETH MAGNANION

PART II - REASON/DETAILS OF REGISTRATION INFORMATION UPDATE/CORRECTION

5. Replacement/Cancellation of

FORM/S

- ☐ A. Certificate of Registration (COR)
☐ B. Authority to Print (A/P) Receipts/Invoices
☐ C. Tax Clearance Certificate of Liabilities (TCL)
☐ D. Taxpayer Identification Number (TIN) Card
☐ E. Others (specify)

REASON/DETAILS

- ☐ Lost/Damaged
☐ Change of Registered Printer as Requested by the Taxpayer
☐ Correction/Change/Update of Registration Information
☐ Others (specify)

for TIN Card

6. Other Updates

- ☐ Closure of Business (specify in Remarks)
☐ Change of Civil Status (specify in Remarks)
☐ Register/Unregister of Accounts (specify Number of Accounts)
☐ Avail of 8% Income Tax Rate Option
☐ Others (specify)

7. Correction/Change/Update of Registration Information

☐ A. UPDATE REGISTERED NAME/TRADE NAME☐ Change in Registered Name☐ Change in Trade Name

Additional Trade Name

Old

New

☐ B. CHANGE IN REGISTERED ADDRESS☐ Transfer within same RDO☐ Transfer to another RDO

From (Old RDO)

To (New RDO)

New Address

Unit/Road/House/Building No.

Building Name/Tower

Lot/Block/Plat/Lot/Block No.

BLK 3 LOT 2

Sign Name

NURSERY ROAD

Suburban/Neighborhood

SUANA HOMES

Barangay

Tertiary/Quarrel

LAGAO

Municipality/City

Province

SOUTH COTABATO

Zip Code

9500

☐ C. CHANGE IN ACCOUNTING PERIOD (Applicable to Non-Individual)

- ☐ From Calendar to Fiscal Period
☐ From One Fiscal Period to Another Fiscal Period
☐ From Fiscal to Calendar Period

Accounting Start Month

Effectivity Date (month/year)

☐ D. CHANGE/ADD REGISTERED ACTIVITY/LINE OF BUSINESS

New Registered Activity/Line of Business

Effectivity Date of Change (month/year)

☐ E. CHANGE FACILITY TYPE/DETAILS (Attach additional sheets, if necessary)

Facility Code	Facility Type (check applicable facility type)						
	PP	SP	WH	SR	GP	BT	RP
F							
F							

Facility Type

PP - Place of Production/Office

SP - Storage Place

WH - Warehouse

SR - Showroom

GP - Garage

BT - Bus Terminal

RP - Real Property for Lease with No Sales Activity