

January 2018 (ENCS)

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

017 025 769 00000
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)	
4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN)		00000		5 RDO Code (To be filled out by BIR)	
6 Taxpayer's Name					
Last Name HERRERA			First Name JESSA		
Middle Name ARGUELLES			Suffix		
7 Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female					
8 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Legally Separated					
9 Date of Birth (MM/DD/YYYY) 10/12/1999		10 Place of Birth BINARWANI IDIATIN PAGLAIS MAGUINDAO			
11 Mother's Maiden Name (First Name, Middle Name, Last Name) RUTHICELILY BIAULITIE ARGUELLES					
12 Father's Name (First Name, Middle Name, Last Name) JOHNIMY DIAZ HERRERA					
13 Citizenship FILIPINO			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			
MAGUINDAO		9617			
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 11 011			
21 Identification Details (e.g. passport, government issued ID, company ID, etc.)					
Type		Number		Effective Date (MM/DD/YYYY)	
10002104A					
Issuer		Place/Country of Issue		Expiry Date (MM/DD/YYYY)	
2 Preferred Contact Type <input type="checkbox"/> Landline No.		Mobile Number		09435271199	
Email Address (required) jessapeach@gmail.com					

Part II - Spouse Information (if applicable)

3 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	
4 Spouse Name	
Last Name	
First Name	
Middle Name	
Suffix	
25 Spouse TIN	
00000	
5 Spouse Employer's Name (Last Name, First Name, Middle Name)	