



Registration

For Individuals Earning Purely Compensation Income,
and Non-Resident Citizens / Resident Alien Employee

1902
JULY 2008 (ENCS)
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) | 3. RDO Code (To be filled up by BIR) |
|--|---|---|

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: SOTO First Name: CHRISTINE FE Middle Name: CASAS | 8. Date of Birth (MM/DD/YYYY) 10/07/1993 | |
| 9. Local Residence Address No. (Include Building Name): P.O. BOX 151 Street: 3RD AVENUE Barangay/Subdivision: MISA DISTRICT | 10. Telephone No. | |
| City/Municipality: TAGUM CITY City/Province: DAVAO DEL NORTE | 11. Zip Code 9100 | 12. Municipality Code |
| 13. Foreign Residence Address | | |

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|----------------------------|--|---------------|
| 14. Tax Type Income Tax | Form Type <input type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee) | ATC II 011 |
|----------------------------|--|---------------|

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 | <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input checked="" type="checkbox"/> without qualified dependent children | 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 | 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
☐ 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))

| TIN | Name of Employer's |
|-----|--------------------|
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| | |

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.

SIGNATURE OF 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 | 26. Taxpayer Identification Number 006 171 689 004 | 27. RDO Code (To be filled up by BIR) |
| 28. Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual) LTS SUPERMARKETS, INC. | | |
| 29. Employer's Business Address KM 55 NATIONAL HIGHWAY MAGUGPO EAST TAGUM CITY | | |
| 30. Zip Code | 31. Municipality Code (To be filled up by the BIR) | 32. Telephone Number |
| 33. Effectivity Date (Date when Exemption Information is applied) | 34. Date of Certification (Date of Certification of the Accuracy of the Exemption Information) | |

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