



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Application for Registration

BIR Form No.

# 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".

<b>1 Taxpayer Type</b> <input type="checkbox"/> Local Employee <input type="checkbox"/> Resident Alien Employee		<b>2 Date of Registration</b> (To be filled up by BIR) <span style="border: 1px solid black; padding: 2px;">MM/DD/YYYY</span>		<b>3 RDO Code</b> (To be filled up by BIR) <span style="border: 1px solid black; padding: 2px;">  </span>	
<b>Part I Taxpayer / Employee Information</b>					
<b>4 TIN</b> (For Taxpayer w/ existing TIN) <span style="border: 1px solid black; padding: 2px;">  </span>		<b>5 Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>6 Citizenship</b> <span style="border: 1px solid black; padding: 2px;">  </span>	
<b>7 Taxpayer's Name</b> <div style="display: flex; justify-content: space-between;"> <span style="border: 1px solid black; padding: 2px;">Last Name</span> <span style="border: 1px solid black; padding: 2px;">First Name</span> <span style="border: 1px solid black; padding: 2px;">Middle Name</span> </div>					
<b>9 Local Residence Address</b> <div style="display: flex; justify-content: space-between;"> <span style="border: 1px solid black; padding: 2px;">No. (Include Building Name)</span> <span style="border: 1px solid black; padding: 2px;">Street</span> <span style="border: 1px solid black; padding: 2px;">Barangay/Subdivision</span> </div>			<b>10 Telephone No.</b> <span style="border: 1px solid black; padding: 2px;">  </span>		
<div style="display: flex; justify-content: space-between;"> <span style="border: 1px solid black; padding: 2px;">District/Municipality</span> <span style="border: 1px solid black; padding: 2px;">City/Province</span> </div>			<b>11 Zip Code</b> <span style="border: 1px solid black; padding: 2px;">  </span>		
<b>12 Municipality Code</b> <span style="border: 1px solid black; padding: 2px;">  </span>					
<b>13 Foreign Residence Address</b> <span style="border: 1px solid black; padding: 2px;">  </span>					
<b>14 Tax Type</b> <input type="checkbox"/> Income Tax <input type="checkbox"/> Form Type <input type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee) <span style="float: right;">ATC <span style="border: 1px solid black; padding: 2px;">II 011</span></span>					
<b>Part II Personal Exemptions</b>					
<b>15 Civil Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Widowed/Widower <input type="checkbox"/> Legally separated <input type="checkbox"/> Married <input type="checkbox"/> with qualified dependent child/ren <input type="checkbox"/> without qualified dependent child/ren			<b>16 Employment Status of Spouse:</b> <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Locally <input type="checkbox"/> Employed Abroad <input type="checkbox"/> Engaged in Business/Practice of Profession		
<b>17 Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum</b> <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)					
<b>18 Spouse Information</b> <div style="display: flex; justify-content: space-between;"> <div> <b>18A Spouse Taxpayer Identification Number</b>  <span style="border: 1px solid black; padding: 2px;">  </span> </div> <div> <b>18B Spouse Name</b>  <div style="display: flex; justify-content: space-between;"> <span style="border: 1px solid black; padding: 2px;">Last Name</span> <span style="border: 1px solid black; padding: 2px;">First Name</span> <span style="border: 1px solid black; padding: 2px;">Middle Name</span> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> <b>18C Spouse Employer's Taxpayer Identification Number</b>  <span style="border: 1px solid black; padding: 2px;">  </span> </div> <div> <b>18D Spouse Employer's Name</b>  <span style="border: 1px solid black; padding: 2px;">  </span> </div> </div>					
<b>Part III Additional Exemptions</b>					
<b>19 Names of Qualified Dependent Child/ren</b> (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 <span style="border: 1px solid black; padding: 2px;">  </span>	19B <span style="border: 1px solid black; padding: 2px;">  </span>	19C <span style="border: 1px solid black; padding: 2px;">  </span>	19D <span style="border: 1px solid black; padding: 2px;">  </span>	19E <input type="checkbox"/>	
20A <span style="border: 1px solid black; padding: 2px;">  </span>	20B <span style="border: 1px solid black; padding: 2px;">  </span>	20C <span style="border: 1px solid black; padding: 2px;">  </span>	20D <span style="border: 1px solid black; padding: 2px;">  </span>	20E <input type="checkbox"/>	
21A <span style="border: 1px solid black; padding: 2px;">  </span>	21B <span style="border: 1px solid black; padding: 2px;">  </span>	21C <span style="border: 1px solid black; padding: 2px;">  </span>	21D <span style="border: 1px solid black; padding: 2px;">  </span>	21E <input type="checkbox"/>	
22A <span style="border: 1px solid black; padding: 2px;">  </span>	22B <span style="border: 1px solid black; padding: 2px;">  </span>	22C <span style="border: 1px solid black; padding: 2px;">  </span>	22D <span style="border: 1px solid black; padding: 2px;">  </span>	22E <input type="checkbox"/>	
<b>Part IV For Employee With Two or More Employers (Multiple Employments) Within the Calendar Year</b>					
<b>23 Type of multiple employments</b> <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		
<b>24 Declaration</b> 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.					
TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT (Signature over printed name)					
<b>Part V Employer Information</b>					
<b>25 Type of Registered Office</b> <input type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE					
<b>26 Taxpayer Identification Number</b> <span style="border: 1px solid black; padding: 2px;">  </span>			<b>27 RDO Code</b> (To be filled up by BIR) <span style="border: 1px solid black; padding: 2px;">  </span>		
<b>28 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual)</b> <span style="border: 1px solid black; padding: 2px;">  </span>					
<b>29 Employer's Business Address</b> <span style="border: 1px solid black; padding: 2px;">  </span>					
<b>30 Zip Code</b> <span style="border: 1px solid black; padding: 2px;">  </span>	<b>31 Municipality Code</b> (To be filled up by the BIR) <span style="border: 1px solid black; padding: 2px;">  </span>	<b>33 Effectivity Date</b> (Date when Exemption Information is applied) <span style="border: 1px solid black; padding: 2px;">  </span>		<b>34 Date of Certification</b> (Date of Certification of the Accuracy of the Exemption Information) <span style="border: 1px solid black; padding: 2px;">  </span>	
<b>32 Telephone Number</b> <span style="border: 1px solid black; padding: 2px;">  </span>		<span style="border: 1px solid black; padding: 2px;">(MM/DD/YYYY)</span>			
<b>35 Declaration</b> 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.					
EMPLOYER / AUTHORIZED AGENT (Signature over printed Name)				Title / Position of Signatory <span style="border: 1px solid black; padding: 2px;">  </span>	
				Stamp of BIR Receiving Office and Date of Receipt	
				Attachments Complete? (To be filled up by BIR) <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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)
- Marriage Contract, if applicable
- Waiver of husband to claim additional exemption, if applicable
- Birth Certificate/s of dependent/s, if applicable
- Employment Certificate or valid company ID with picture and signature, if available

**POSSESSION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IS CRIMINALLY PUNISHABLE PURSUANT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.**