


(To be filled out by BIR) DLN: _____

	Republic of the Philippines Department of Finance Bureau of Internal Revenue	Application for Registration	BIR Form No. 1902 January 2018 (ENCS)
For Individuals Earning Purely Compensation Income (Local and Alien Employee)		<div><div></div><div>-</div><div></div><div>-</div><div></div><div>-</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div></div> 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) <div>3647-3429-4891-2805</div>		2 Taxpayer Type <input checked="" 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)		5 RDO Code (To be filled out by BIR)	
4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN)		6 Taxpayer's Name Last Name: COBARRUBIAS First Name: KENNETH Middle Name: LEBLE Suffix: <div></div>	
7 Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		8 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated	
9 Date of Birth (MM/DD/YYYY) <div>02/20/2002</div>		10 Place of Birth ANTIPOLOCITY, RIZAL	
11 Mother's Maiden Name (First Name, Middle Name, Last Name) MARILYN ARROJO LEBLE			
12 Father's Name (First Name, Middle Name, Last Name) DENIS ORPEZA COBARRUBIAS			
13 Citizenship FILIPINO		14 Other Citizenship	
15 Local Residence Address Unit/Room/Floor/Building No.: <div></div> Building Name/Tower: <div></div> Lot/Block/Phase/House No.: <div>141</div> Street Name: HALARACON Subdivision/Village/Zone: <div></div> Barangay: DELAPAZ Town/District: <div></div> Municipality/City: ANTIPOLOCITY Province: RIZAL ZIP Code: 1870			
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 II 011	
21 Identification Details (e.g. passport, government issued ID, company ID, etc.)			
Type		Number	
Effective Date (MM/DD/YYYY)		Expiry Date (MM/DD/YYYY)	
Issuer		Place/Country of Issue	
22 Preferred Contact Type <input type="checkbox"/> Landline No. <div></div> <input checked="" type="checkbox"/> Email Address (required) KENNETHCOBARRUBIAS12@GMAIL.COM		<input checked="" type="checkbox"/> Mobile Number 09488239866	
Part II - Spouse Information (if applicable)			
23 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			
24 Spouse Name Last Name: <div></div> First Name: <div></div> Middle Name: <div></div> Suffix: <div></div>			
25 Spouse TIN <div><div></div><div>-</div><div></div><div>-</div><div></div><div>-</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div></div>			
26 Spouse Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)			
27 Spouse Employer's TIN <div><div></div><div>-</div><div></div><div>-</div><div></div><div>-</div><div></div><div></div><div></div><div></div><div></div></div>			

28 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)

Previous and/or Concurrent Employments During the Calendar Year

29A Name of Employer																
												29B TIN of Employer				
30A Name of Employer																
												30B TIN of Employer				
31A Name of Employer																
												31B TIN of Employer				

32 Declaration

I declare under the penalties of perjury that this application, and all its attachments, have 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. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

KENNETH L. COBARRUBIAS

Taxpayer(Employee)/Authorized Representative
(Signature over Printed Name)

Part IV – Primary/Current Employer Information

33 Type of Registering Office		34 TIN	35 RDO Code
<input type="checkbox"/> Head Office	<input type="checkbox"/> Branch Office	<div style="text-align: center;"> <div style="background-color: #cccccc; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="background-color: #cccccc; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="background-color: #cccccc; width: 20px; height: 20px; margin: 0 auto;"></div> </div>	

36 Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)

37 Employer's 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	

38 Contact Details

Landline Number	Fax Number	Mobile Number

[illegible]

41 Declaration

I declare under the penalties of perjury that this application and all its attachments, have 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. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

Stamp of BIR Receiving Office
and Date of Receipt

EMPLOYER/AUTHORIZED REPRESENTATIVE
(Signature over Printed Name)

Title/Position of Signatory

***Note:** The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)

Documentary Requirements:

For Local Employee:

- ☐ 1. Any identification issued by an authorized government body (e.g. Birth Certificate, Passport, Driver's License, etc.) that shows the name, address and birthdate of the applicant.
- ☐ 2. Marriage Contract, if applicable.

For Alien Employee:

- ☐ 1. Passport
- ☐ 2. Working Permit or photocopy of duly received Application for Alien Employment (AEP) by the Department of Labor and Employment (DOLE)

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.