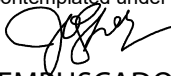
 <div>Republic of the Philippines Department of Finance Bureau of Internal Revenue</div>	<h1>Application for Registration</h1>		BIR Form No. <h1>1902</h1>	
For Individuals Earning Purely Compensation Income (Local and Alien Employee)		January 2018 (ENCS)		
		New TIN to be issued, if applicable (To be 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"/> SpecialNonResidentAlien		
4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN)		3 BIR Registration Date (To be filled out by BIR) (MM/DD/YYYY)		
6 Taxpayer's Name		5 RDO Code (To be filled out by BIR)		
Last Name		First Name		
R E T I Z A		J O S H U A		
Middle Name		Suffix		
E M B U S C A D O				
8 Civil Status		7 Gender		
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated		<input type="checkbox"/> Male <input type="checkbox"/> Female		
9 Date of Birth (MM/DD/YYYY)		10 Place of Birth		
0 9 0 6 2 0 0 0		P A N T U K A N D A V A O D E O R O		
11 Mother's Maiden Name (First Name, Middle Name, Last Name)				
L I Z A A C L I D A N E M B U S C A D O				
12 Father's Name (First Name, Middle Name, Last Name)				
J A I M E T E L O M P R O S R E T I Z A				
13 Citizenship		14 Other Citizenship		
F I L I P I N O				
15 Local Residence Address				
Unit/Room/Floor/Building No.				
Building Name/Tower				
Lot/Block/Phase/House No.				
Street Name				
L O T 2 7 B L K 1 9 P U R O K M A H A Y A H A Y				
Subdivision/Village/Zone				
Barangay				
R E L O C A T I O N S I T E K I N G K I N G				
Town/District				
Municipality/City				
P A N T U K A N				
Province				
D A V A O D E O R O				
ZIP Code				
8 8 0 9				
16 Foreign Address				
17 Municipality Code (To be filled out by BIR)		18 Tax Type		
		INCOME TAX		
21 Identification Details (e.g. passport, government issued ID, company ID, etc.)		19 Form Type		
Type		BIR Form No. 1700		
Number		20 ATC		
		II 011		
Effective Date (MM/DD/YYYY)		Expiry Date (MM/DD/YYYY)		
Issuer		Place/Country of Issue		
22 Preferred Contact Type		25 Spouse TIN		
<input type="checkbox"/> Landline No. <input checked="" type="checkbox"/> Mobile Number		0 9 6 1 0 1 1 3 1 7 9		
<input type="checkbox"/> Email Address (required)				
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				
First Name				
Middle Name				
Suffix				
26 Spouse Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)				
27 Spouse Employer's TIN				

Part III - For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year									
28 Type of Multiple Employments									
<div><input type="checkbox"/> Successive Employments <i>(With previous employer/s within the calendar year)</i></div>									
<div><input type="checkbox"/> Concurrent Employments <i>(With two or more employers at the same time within the calendar year)</i></div>									
<i>(If successive, enter previous employer/s; if concurrent, enter secondary employer/s)</i>									
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									
<p>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.</p>									
<div> JOSHUA EMBUSCADO RETIZA Taxpayer(Employee)/Authorized Representative <i>(Signature over Printed Name)</i></div>									
Part IV – Primary/Current Employer Information									
33 Type of Registering Office									
<div><input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office</div>									
34 TIN									
35 RDO Code									
36 Employer's Name <i>(Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)</i>									
37 Employer's Address									
<div><div>Unit/Room/Floor/Building No.</div><div>Lot/Block/Phase/House No.</div><div>Subdivision/Village/Zone</div><div>Town/District</div><div>Province</div></div> <div><div>Building Name/Tower</div><div>Street Name</div><div>Barangay</div><div>Municipality/City</div><div>ZIP Code</div></div>									
38 Contact Details									
<div><div>Landline Number</div><div>Fax Number</div><div>Mobile Number</div></div>									
39 Relationship Start Date/Date Employee was Hired <i>(MM/DD/YYYY)</i>									
40 Municipality Code <i>(To be filled out by BIR)</i>									
41 Declaration									
<p>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.</p>									
<div><div>EMPLOYER/AUTHORIZED REPRESENTATIVE <i>(Signature over Printed Name)</i></div><div>Title/Position of Signatory</div></div> <div>Stamp of BIR Receiving Office and Date of Receipt</div>									

*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.