

(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)

____ - ____ - ____ - **0 0 0 0 0**

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) ____/____/____
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4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN) ____ - ____ - ____ - 0 0 0 0 0	5 RDO Code (To be filled out by BIR) ____
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6 Taxpayer's Name		7 Gender
Last Name: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Middle Name: _____		
First Name: _____		
Suffix: _____		

8 Civil Status Single Married Widow/er Legally Separated

9 Date of Birth (MM/DD/YYYY) ____/____/____	10 Place of Birth _____
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11 Mother's Maiden Name (First Name, Middle Name, Last Name)

12 Father's Name (First Name, Middle Name, Last Name)

13 Citizenship _____	14 Other Citizenship _____
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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 _____

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
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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 Landline No. _____ Mobile Number _____

Email Address (required) _____

Part II - Spouse Information (if applicable)

23 Employment Status of Spouse
 Unemployed Employed Locally Employed Abroad Engaged in Business/Practice of Profession

24 Spouse Name		25 Spouse TIN
Last Name: _____		____ - ____ - ____ - 0 0 0 0 0
Middle Name: _____		
First 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

- 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.

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

Part IV – Primary/Current Employer Information

33 Type of Registering Office <input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office	34 TIN	35 RDO Code
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36 Employer's Name *(Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)*

37 Employer's Address

<i>Unit/Room/Floor/Building No.</i>	<i>Building Name/Tower</i>
<i>Lot/Block/Phase/House No.</i>	<i>Street Name</i>
<i>Subdivision/Village/Zone</i>	<i>Barangay</i>
<i>Town/District</i>	<i>Municipality/City</i>
<i>Province</i>	<i>ZIP Code</i>

38 Contact Details

Landline Number	Fax Number	Mobile Number
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39 Relationship Start Date/Date Employee was Hired <i>(MM/DD/YYYY)</i>	40 Municipality Code <i>(To be filled out by BIR)</i>
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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.