



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.
1902

November 2014 (ENCS)

TIN to be issued, if applicable (To be filled up by BIR)
0,0,0,0,0

**For Individuals Earning Purely Compensation Income
(Local Employee and Resident Alien Employee)**

Fill in all applicable white spaces. Mark all appropriate boxes with an "X".

Part I Taxpayer/Employee Information

1 Taxpayer Type <input type="checkbox"/> Local Employee <input type="checkbox"/> Resident Alien Employee		2 BIR Registration Date <small>(To be filled up by BIR) (MM/DD/YYYY)</small>	
3 Taxpayer Identification Number (TIN) <small>(For Taxpayer with existing TIN)</small>		4 RDO Code <small>(To be filled up by BIR)</small>	
5 Taxpayer's Name <small>(Last Name) (First Name) (Middle Name) (Suffix) (Nickname)</small>			
6 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		7 Date Of Birth <small>(MM/DD/YYYY)</small>	
9 Mother's Maiden Name		8 Place of Birth	
11 Citizenship		10 Father's Name	
12 Other Citizenship			
13 Identification Details <small>(e.g. passport, government issued ID, company ID, etc.)</small>			
Type	Number	Effective Date (MM/DD/YYYY)	Expiry Date (MM/DD/YYYY)
14 Preferred Contact Type <input type="checkbox"/> Phone Number <input type="checkbox"/> Mobile Number <input type="checkbox"/> Fax Number <input type="checkbox"/> Email Address <small>(required)</small>			
15 Local Residence Address			
<small>Lot#/Blk#/Phase/House#/Unit/Room/Floor/Bldg.#/Sub Street</small>		<small>Building Name/Street Name/Subdivision/Village/Zone</small>	
<small>Municipality/City/District</small>		<small>Province</small>	
<small>Barangay</small>		<small>ZIP Code</small>	
16 Foreign Address			
17 Municipality Code <small>(To be filled up by BIR)</small>		18 Tax Type Income Tax	
		19 Form Type BIR Form No. 1700	
		20 ATC II 011	

Part II Personal Exemption/Spouse Information

21 Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated <input type="checkbox"/> with qualified dependent child/ren		22 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	
23 Claims for Additional Exemption/Premium Deduction for husband and wife whose aggregate family income does not exceed P250,000 per annum <input type="checkbox"/> Husband claims additional exemption and premium deduction <input type="checkbox"/> Wife claims additional exemption and premium deduction <small>(attach Waiver of Husband, if husband is employed locally or engaged in business/ practice of profession)</small>			
24 Spouse Name <small>(Last Name) (First Name) (Middle Name) (Suffix)</small>		25 Spouse TIN	
26 Employer's Name of Spouse <small>(Last Name, First Name, Middle Name, if Individual) (Registered Name, if Non-Individual)</small>		27 Employer's TIN of Spouse	

Part III Additional Exemption

28 Name of Qualified Dependent Children <small>refers to a legitimate, illegitimate, or legally adopted child chiefly dependent upon and 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.</small>					
Last Name	First Name	Middle Name	Suffix	Date of Birth <small>(MM/DD/YYYY)</small>	Mark if mentally, physically incapacitated
28A					<input type="checkbox"/>
28B					<input type="checkbox"/>
28C					<input type="checkbox"/>
28D					<input type="checkbox"/>

Part IV For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year

29 Type of Multiple Employments <input type="checkbox"/> Successive employments <small>(With previous employer/s within the calendar year)</small> <input type="checkbox"/> Concurrent employments <small>(With two or more employers at the same time within the calendar year)</small> <small>(If successive, enter previous employer/s; if concurrent, enter secondary employer/s)</small>	
Previous and Concurrent Employments During the Calendar Year	
Name of Employer/s	TIN of Employer/s

30 Declaration
I declare, under the penalties of perjury, that this application 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 Representative
(Signature over Printed Name)

Part V Primary Employer Information															
31 Type of Registering Office <input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office	32 TIN <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>									33 RDO Code <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table>					
34 Employer's Name (if Individual) (Last Name) (First Name) (Middle Name) (Suffix) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table> Employer's Registered Name (if Non-individual) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td></td></tr></table>															
35 Employer's Address <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%; height: 20px;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr><tr><td style="font-size: small; text-align: center;">Lot#/Blk#/Phase/House#/Unit/Room/Floor/Bldg.#/Sub Street</td><td style="font-size: small; text-align: center;">Building Name/Street Name/Subdivision/Village/Zone</td><td style="font-size: small; text-align: center;">Province</td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr><tr><td style="font-size: small; text-align: center;">Municipality/City/District</td><td style="font-size: small; text-align: center;">Barangay</td><td style="font-size: small; text-align: center;">ZIP Code</td></tr></table>							Lot#/Blk#/Phase/House#/Unit/Room/Floor/Bldg.#/Sub Street	Building Name/Street Name/Subdivision/Village/Zone	Province				Municipality/City/District	Barangay	ZIP Code
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37 Contact Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td></td></tr></table>		38 Municipality Code (To be filled up by BIR) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td></td></tr></table>		36 Relationship Start Date (MM/DD/YYYY) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table>											
39 Effectivity Date of Exemption (MM/DD/YYYY) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table>															
40 Declaration I declare, under the penalties of perjury, that this application 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. <table style="width: 100%;"><tr><td style="width: 50%; text-align: center; border-top: 1px solid black; padding-top: 5px;">EMPLOYER/AUTHORIZED REPRESENTATIVE (Signature over Printed Name)</td><td style="width: 50%; text-align: center; border-top: 1px solid black; padding-top: 5px;">Title/Position of Signatory</td></tr></table>		EMPLOYER/AUTHORIZED REPRESENTATIVE (Signature over Printed Name)	Title/Position of Signatory	Stamp of BIR Receiving Office and Date of Receipt											
EMPLOYER/AUTHORIZED REPRESENTATIVE (Signature over Printed Name)	Title/Position of Signatory														

Documentary Requirements:

- 1. NSO Certified Birth Certificate of declared dependents, if any;
- 2. Waiver of husband on his right to claim additional exemptions, if wife will claim;
- 3. Marriage Contract, if applicable;
- 4. NSO Certified Birth Certificate of the applicant; or
- 5. Passport (in case applicant is a resident alien employee).

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.