



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".

1 Taxpayer Type  Local Employee  Resident Alien Employee  
 2 Date of Registration (To be filled up by BIR) (MM/DD/YYYY) \_\_\_\_\_  
 3 RDO Code (To be filled up by BIR) **098**

**Part I Taxpayer / Employee Information**

4 TIN (For Taxpayer w/ existing TIN) \_\_\_\_\_  
 5 Sex  Male  Female  
 6 Citizenship \_\_\_\_\_  
 7 Taxpayer's Name  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 8 Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
 9 Local Residence Address  
 No. (Include Building Name) \_\_\_\_\_ Street \_\_\_\_\_  
 District/Municipality \_\_\_\_\_ City/Province \_\_\_\_\_  
 10 Telephone No. \_\_\_\_\_  
 11 Zip Code \_\_\_\_\_  
 12 Municipality Code \_\_\_\_\_  
 13 Foreign Residence Address \_\_\_\_\_

14 Tax Type Form Type  
 Income Tax  BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee) **ATC II 011**

**Part II Personal Exemptions**

15 Civil Status  Single  Legally separated  Widow/Widower  Married  with qualified dependent child/ren  without qualified dependent child/ren  
 16 Employment Status of Spouse:  Unemployed  Employed Locally  Employed Abroad  Engaged in Business/Practice of Profession  
 17 Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum  
 Husband claims additional exemption and any premium deduction  Wife claims additional exemption and any premium deduction (Attach Waiver of Husband)  
 18 Spouse Information  
 18A Spouse Taxpayer Identification Number \_\_\_\_\_  
 18B Spouse Name Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 18C Spouse Employer's Taxpayer Identification Number \_\_\_\_\_  
 18D Spouse Employer's Name \_\_\_\_\_

**Part III Additional Exemptions**

19 Names of Qualified Dependent Child/ren (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	19B	19C	19D	19E
20A	20B	20C	20D	20E
21A	21B	21C	21D	21E
22A	22B	22C	22D	22E

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

23 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))

TIN	Name of Employer/s

24 Declaration  
 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)

**Part V Employer Information**

25 Type of Registered Office  HEAD OFFICE  BRANCH OFFICE  
 26 Taxpayer Identification Number **4 0 0 6 5 5 5 9 5 0 0 0 0**  
 27 RDO Code (To be filled up by BIR) **098**  
 28 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual)  
**DEPARTMENT OF EDUCATION DIVISION OF MISAMIS ORIENTAL**  
 29 Employer's Business Address **DEL PILAR - VELEZ STS., CAGAYAN DE ORO CITY**  
 30 Zip Code **9000**  
 31 Municipality Code (To be filled up by the BIR) \_\_\_\_\_  
 33 Effectivity Date (Date when Exemption Information is applied) (MM/DD/YYYY) \_\_\_\_\_  
 34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) (MM/DD/YYYY) \_\_\_\_\_

35 Declaration  
 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.

**MELANIE C. ESTENZO**  
 EMPLOYER / AUTHORIZED AGENT  
 (Signature over printed Name)

**ADMINISTRATIVE OFFICER IV**  
 Title / Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt

Attachments Complete? (To be filled up by BIR)  Yes  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.**