



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 <input type="checkbox"/> Local Employee <input type="checkbox"/> Resident Alien Employee	2. Date of Registration (To be filled up by BIR)	3. RDO Code (To be filled up by BIR)
---	---	---

Part I Taxpayer / Employee Information

4. TIN (For Taxpayer w/ existing TIN)	5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Citizenship
7. Taxpayer's Name Last Name First Name Middle Name	8. Date of Birth (MM/DD/YYYY)	10. Telephone No.
9. Local Residence Address No. (Include Building Name) Street Barangay/Subdivision	11. Zip Code	12. Municipality Code
13. Foreign Residence Address		
14. Tax Type Income Tax <input type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)		14. ATC II 011

Part II Personal Exemptions

15. Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Legally separated <input type="checkbox"/> with qualified dependent child/ren	<input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input type="checkbox"/> without qualified dependent child/ren	16. 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
17. Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum <input type="checkbox"/> Husband claims additional exemption and any premium deduction <input type="checkbox"/> Wife claims additional exemption and any premium deduction (Attach Waiver of Husband)		
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 <input type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE	27. RDO Code (To be filled up by BIR)
26. Taxpayer Identification Number 4 0 0 6 5 5 5 9 5 0 0 0 0	27. RDO Code 0 9 8
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 9 0 0 0	31. Municipality Code (To be filled up by the BIR)
32. Telephone Number (088) 856-4454	33. Effectivity Date (Date when Exemption Information is applied)
	34. Date of Certification (Date of Certification of the Accuracy of the Exemption Information)

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



Certificate of Update of Exemption and of Employer and Employee's Information

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

Part I Taxpayer/Employee Information

1 Type of Filer
 Employee
 Self-employed

2 Purpose
 Update of Exemption
 Change of Civil Status
 Update of Employer's Information

3 Date of Filing (MM/DD/YYYY)

4 Taxpayer Identification Number (TIN) 0 0 0 0 0 5 RDO Code 098

6 Taxpayer's Name
 (Last Name) (First Name)
 (Middle Name) (Suffix)

7 Date of Birth (MM/DD/YYYY)

8 Sex Male Female

9 Place of Birth

10 Preferred Contact Type Landline No. Mobile Number
 Email Address (required)

11 Local Residence Address
 Unit/Room/Floor/Building No. Building Name
 Lot/Block/Phase/House No. Street Name
 Subdivision/Village/Zone Barangay
 District Municipality/City
 Province ZIP Code

12 Foreign Address

Part II Personal Exemptions/Spouse Information

13 Civil Status Single Married Widow/er Legally Separated

14 With Qualified Dependent Yes No

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

16 Who Claims for Additional Exemption & Premium Deduction (only for those with aggregate family income not exceeding P250,000/year)?
 Husband claims additional exemption and premium deduction Wife claims additional exemption and premium deduction
(attach Waiver of Husband, if husband is employed locally or engaged in business/practice of profession)

17 Spouse Name (Last Name) (First Name)
 (Middle Name) (Suffix)

18 Spouse TIN 0 0 0 0 0

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

20 Spouse Employer's TIN

Part III Additional Exemption

21 Name of Qualified Dependent* (Last Name, First Name, Middle Name, Suffix) Effective Taxable Year

cont.	Date of Birth (MM/DD/YYYY)	Relationship	Mark if PWD**	PWD Identification Number
21A			<input type="checkbox"/>	
21B			<input type="checkbox"/>	
21C			<input type="checkbox"/>	
21D			<input type="checkbox"/>	

** please refer at the back for explanation

Part IV Change of Civil Status (for Female Taxpayer only)

22 From Single to Married From Married to Single

22A Old Name/Maiden Name (First Name, Middle Name, Last Name)

22B New Name/Married Name (First Name, Middle Name, Last Name)

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

23 Type of Multiple Employment

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 Concurrent Employment During the Calendar Year

23A Name of Employer

23B TIN of Employer

23C Name of Employer

23D TIN of Employer

24 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 of 1997, as amended, and the regulations issued under authority thereof.

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

Part VI Primary Employer Information

25 Type of Registering Office

Head Office Branch Office

26 TIN 400 655 595 000

27 RDO Code 098

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

D E P A R T M E N T O F E D U C A T I O N D I V I S I O N
O F M I S A M I S O R I E N T A L

29 Employer's Address

Unit/Room/Floor/Building No. Building Name

Lot/Block/Phase/House No. Street Name

Subdivision/Village/Zone Barangay

District Municipality/City

Province CAGAYAN DE ORO CITY

ZIP Code 9000

M I S A M I S O R I E N T A L

30 Contact Details

Landline Number (088) 724615

Fax Number (088) 8564524

Mobile Number

Email Address (required)

31 Relationship Start Date/Date Employee Was Employed (MM/DD/YYYY)

32 Municipality Code (To be filled-up by BIR)

33 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 of 1997, as amended, and the regulations issued under authority thereof.

MELANIE C. ESTENZO
EMPLOYER/AUTHORIZED REPRESENTATIVE
(Signature over Printed Name)

ADMINISTRATIVE OFFICER IV
Title/Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt

*A dependent means a legitimate, illegitimate, legally adopted or foster child chiefly dependent upon and living with the taxpayer if such dependent is not more than twenty-one (21) years of age, unmarried and not gainfully employed or if such dependent, regardless of age, is incapable of self-support because of mental or physical defect or a **Person With Disabilities (PWD) regardless of age, related to the benefactor within the fourth (4th) civil degree of consanguinity or affinity, not gainfully employed and is chiefly dependent upon and living with such benefactor for his/her support.

- CHECKLIST OF DOCUMENTARY REQUIREMENTS:**
- I. Change of Civil Status**
 - 1. Marriage Contract
 - 2. Court Order (for declaration of nullity of marriage)
 - ii. Qualified Dependent Child/ren**
 - 1. Photocopy of Birth Certificate of Dependent Child/ren
 - 2. Waiver of husband on his right to claim additional exemption, if wife claims Court Order (for declaration of nullity of marriage)
 - iii. Qualified Dependent PWD**
 - 1. Photocopy of PWD ID Card issued by the Person's With Disability Affairs Office (PDAO) or the City/Municipal Social Welfare and Development Office (C/MSWDO) of the place where the PWD resides or the National Council on Disability Affairs (NCDA)
 - 2. Sworn Declaration/Identification of Qualified PWD-Dependent, Support and Relationship
 - 3. Birth Certificate of the PWD
 - 4. Medical Certificate attesting to disability issued by an accordance with the implementing Rules and Regulations of Republic Act No. 10754
 - 5. Barangay Certification certifying that the PWD is living with the benefactor

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.