To be filled up by BIR ► **DLN:**

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) ►

Part I **Taxpayer / Employee Information**

4 TIN (For Taxpayer w/ existing TIN) ► 0000

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 Barangay/Subdivision
District/Municipality City/Province

10 Telephone No. ►

11 Zip Code ►

12 Municipality Code ►

13 Foreign Residence Address ►

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

Part II **Personal Exemptions**

15 ► Civil Status
☐ Single ☐ Widow/Widower
☐ Legally separated ☐ 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 0000

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)]

Previous and Concurrent Employments During the Calendar Year	
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 ►

27 RDO Code (To be filled up by BIR) ►

28 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual) ►

29 Employer's Business Address ►

30 Zip Code ►

31 Municipality Code (To be filled up by the BIR) ►

32 Telephone Number

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.

EMPLOYER / AUTHORIZED AGENT
(Signature over printed Name)

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 applcable
- 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.