

(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) ____/____/____	
4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN) ____ - ____ - ____ - 0 0 0 0 0				5 RDO Code (To be filled out by BIR) ____	
6 Taxpayer's Name					
Last Name _____			First Name _____		
Middle Name _____			Suffix _____		
7 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					
8 Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated					
9 Date of Birth (MM/DD/YYYY) ____/____/____		10 Place of Birth _____			
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 _____		
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 <input type="checkbox"/> Landline No. _____ <input type="checkbox"/> Mobile Number _____
<input type="checkbox"/> Email Address (required) _____

Part II - Spouse Information (if applicable)

23 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	
24 Spouse Name	
Last Name _____	First Name _____
Middle Name _____	Suffix _____
25 Spouse TIN ____ - ____ - ____ - 0 0 0 0 0	
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

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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.