



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Application for Registration

BIR Form No.

1902

January 2000 (ENCS)

For Individuals Earning Purely Compensation Income,
and Non-Resident Citizens/OCWs/Seamen Earning Purely
Foreign-Sourced Income



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

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

1 Taxpayer Type <input type="checkbox"/> Local Employee <input type="checkbox"/> Non-Resident Citizen/OCWs/Seamen	2 Date of Registration (To be filled up by BIR) <input type="text"/> / <input type="text"/> / <input type="text"/>
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Part I Taxpayer / Employee Information

3 TIN (For Taxpayer w/ existing TIN) <input type="text"/>	4 RDO Code (To be filled up by BIR) <input type="text"/>	5 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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6 Taxpayer's Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name

7 Citizenship <input type="text"/>	8 Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
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9 Local Residence Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
No. (Include Building Name)	Street	Barangay/Subdivision
<input type="text"/>		<input type="text"/>
District Municipality	City/Province	

10 Zip Code <input type="text"/>	11 Municipality Code (To be filled up by BIR) <input type="text"/>	12 Telephone Number <input type="text"/>
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13 Registered Address (choose one) Residence Employer's Business Address (see field 9 & 30)

14 Foreign Residence Address

15 Tax Type <input type="checkbox"/> Income Tax <input type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income) <input type="checkbox"/> BIR Form 1703 - (For Non-Resident Citizens/OCWs and Seamen -For Foreign Sourced Income)	Form Type <input type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income) <input type="checkbox"/> BIR Form 1703 - (For Non-Resident Citizens/OCWs and Seamen -For Foreign Sourced Income)	ATC <input type="text"/> II 011
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Part II Personal Exemptions

16 Civil Status <input type="checkbox"/> Single/Widow/Widower/Legally Separated (No dependents) <input type="checkbox"/> Head of the Family <input type="checkbox"/> Single with qualified dependent <input type="checkbox"/> Legally separated with qualified dependent <input type="checkbox"/> Widow/Widower with qualified dependent <input type="checkbox"/> Benefactor of a qualified senior citizen (RA No. 7432) <input type="checkbox"/> Married	17 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
18 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	
19 Spouse Information (Attach Waiver of Husband)	
19A Spouse Taxpayer Identification Number <input type="text"/>	19B Spouse Name <input type="text"/>
19C Spouse Employer's Taxpayer Identification Number <input type="text"/>	19D Spouse Employer's Name <input type="text"/>

Part III Additional Exemptions

Section A Number and Names of Qualified Dependent Children

20 Number of Qualified Dependent Children

21 Names of Qualified Dependent Children

	Last Name	First Name	Middle Name	Date of Birth (MM / DD / YYYY)	Mark if Mentally / Physically Incapacitated
21A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
21B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
22A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
22B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
23A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
23B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
24A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
24B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Section B Name of Qualified Dependent Other than Children

Last Name	First Name	Middle Name	Date of Birth (MM / DD / YYYY)	Mark if Mentally / Physically Incapacitated
25A <input style="width:100%;" type="text"/>	25B <input style="width:100%;" type="text"/>	25C <input style="width:100%;" type="text"/>	25D <input style="width:100%;" type="text"/>	25E <input style="width:100%;" type="text"/>
25F Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Qualified Senior Citizen				

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

26 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
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

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

27 Type of Registered Office HEAD OFFICE BRANCH OFFICE

28 Taxpayer Identification Number

29 RDO Code
(To be filled up by BIR)

30 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if non-Individuals)

31 Employer's Business Address

32 Zip Code <input style="width:100%;" type="text"/>	33 Municipality Code <small>(To be filled up by the BIR)</small> <input style="width:100%;" type="text"/>	35 Effectivity Date <small>(Date when Exemption Information is applied)</small> <input style="width:100%;" type="text"/> <small>(MM / DD / YYYY)</small>	36 Date of Certification <small>(Date of certification of the accuracy of the exemption information)</small> <input style="width:100%;" type="text"/> <small>(MM / DD / YYYY)</small>
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34 Telephone Number

37 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 document showing name, address and birth date of the applicant employee; and - Valid Company ID or Certificate of Employment For Non-Resident Citizen/Immigrant - Passport with Visa of the applicant	For OCWs/Seamen Earning Purely Foreign-sourced Income - Birth Certificate or any document showing name, address and birthdate of the applicant ; or - Passport with Visa
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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.