(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
☐ Local ☐ Resident Alien ☐ 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 ☐ Male ☐ Female

8 Civil Status ☐ Single ☐ Married ☐ Widow/er ☐ 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**

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 ☐ Landline No. ☐ Mobile Number
☐ Email Address *(required)*

Part II - Spouse Information *(if applicable)*

23 Employment Status of Spouse
☐ Unemployed ☐ Employed Locally ☐ Employed Abroad ☐ 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 ☐ Head Office ☐ Branch Office

34 TIN ___ - ___ - ___ - ___

35 RDO Code

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

37 Employer's 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*

38 Contact Details

Landline Number | Fax Number | Mobile Number

39 Relationship Start Date/Date Employee was Hired *(MM/DD/YYYY)*

40 Municipality Code *(To be filled out by BIR)*

41 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.

EMPLOYER/AUTHORIZED REPRESENTATIVE
(Signature over Printed Name)

Title/Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt

***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.