



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 Local Employee Non-Resident Citizen/OCWs/Seamen
2 Date of Registration (To be filled up by BIR) (MM / DD / YYYY)

Part I Taxpayer / Employee Information

3 TIN (For Taxpayer w/ existing TIN) 0,00
4 RDO Code (To be filled up by BIR)
5 Sex Male Female

6 Taxpayer's Name
Last Name: DE JESUS First Name: MIGUEL Middle Name: DELA CRUZ

7 Citizenship: FILIPINO
8 Date of Birth: 09 / 11 / 1991 (MM / DD / YYYY)

9 Local Residence Address
No. (Include Building Name): # 96 Street: Santolan Street Barangay/Subdivision: Masipag
District Municipality: Quezon City City/Province

10 Zip Code: 1 2 3 4
11 Municipality Code (To be filled up by BIR)
12 Telephone Number

13 Registered Address (choose one) Residence Employer's Business Address (see field 9 & 30)

14 Foreign Residence Address

15 Tax Type Form Type ATC II 011
 Income Tax BIR Form 1700 - (For Individual Earning Compensation Income)
 BIR Form 1703 - (For Non-Resident Citizens/OCWs and Seamen -For Foreign Sourced Income)

Part II Personal Exemptions

16 Civil Status Single/Widow/Widower/Legally Separated (No dependents) Head of the Family
 Single with qualified dependent Legally separated with qualified dependent
 Widow/Widower with qualified dependent Benefactor of a qualified senior citizen (RA No. 7432)
 Married
17 Employment Status of Spouse: Unemployed Employed Locally
 Employed Abroad 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
 Husband claims additional exemption and any premium deduction Wife claims additional exemption and any premium deduction

19 Spouse Information (Attach Waiver of Husband)
19A Spouse Taxpayer Identification Number
19B Spouse Name Last Name First Name Middle Name
19C Spouse Employer's Taxpayer Identification Number
19D Spouse Employer's Name

Part III Additional Exemptions

Section A Number and Names of Qualified Dependent Children

20 Number of Qualified Dependent Children: 0

21 Names of Qualified Dependent Children

Last Name	First Name	Middle Name	Date of Birth (MM / DD / YYYY)	Mark if Mentally / Physically Incapacitated
21A N/A	21B	21C	21D	21E
22A N/A	22B	22C	22D	22E
23A	23B	23C	23D	23E
24A	24B	24C	24D	24E