

(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

July 2021 (ENCS) P1

For Individuals Earning Purely Compensation Income
(Local and Alien Employee)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
New TIN to be issued, if applicable (To be filled out by BIR)

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

1 BIR Registration Date <i>(To be filled out by BIR) (MM/DD/YYYY)</i>	2 PhilSys Card Number (PCN)
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Part I - Taxpayer/Employee Information

3 Taxpayer Identification Number (TIN) <i>(For Taxpayer with existing TIN)</i>	4 RDO Code <i>(To be filled out by BIR)</i>	5 Taxpayer Type
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____	<input type="checkbox"/> Local <input type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien

6 Taxpayer's Name		7 Gender
(Last Name)	(First Name)	<input type="checkbox"/> Male <input type="checkbox"/> Female
(Middle Name)	(Suffix)	

8 Civil Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widow/er	<input type="checkbox"/> Legally Separated
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9 Date of Birth (MM/DD/YYYY)	10 Place of Birth
_____ _____ _____ _____ _____	_____

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix)

12 Father's Name (First Name, Middle Name, Last Name, Suffix)

13 Citizenship	14 Other Citizenship, if applicable
_____	_____

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 <i>(To be filled out by BIR)</i>	18 Tax Type	INCOME TAX	19 Form Type	BIR Form No. 1700	20 ATC	II 011
_____ _____ _____	_____		_____		_____	

21 Identification Details [government issued ID (e.g., passport, driver's license, etc.), company ID, etc.]			
Type	Number	Effectivity Date (MM/DD/YYYY)	Expiry Date (MM/DD/YYYY)
_____	_____	_____ _____ _____	_____ _____ _____
Issuer	Place/Country of Issue		
_____	_____		

22 Preferred Contact Type
<input type="checkbox"/> Landline Number <input type="checkbox"/> Fax Number <input type="checkbox"/> Mobile Number

<input type="checkbox"/> Email Address <i>(required)</i>

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
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24 Spouse Name		25 Spouse TIN
(Last Name)	(First Name)	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
(Middle Name)	(Suffix)	

26 Spouse Employer's Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name) (Attach additional sheet/s, if necessary)

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 (Attach additional sheet/s, if necessary)

29A Name of Employer

29B Employer's TIN

30A Name of Employer

30B Employer's TIN

31A Name of Employer

31B Employer's TIN

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 Registered Office

- Head Office Branch Office

34 TIN

35 RDO Code

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

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.

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 government-issued ID (e.g., Birth Certificate, Passport, Driver's License, Community Tax Certificate, PhilID) that shows the name, address and birthdate of the applicant. In case the ID has no address, any proof of residence; (1 photocopy)
- 2. Marriage Contract, for married female. (1 photocopy)

For Foreign Nationals/Alien Employee:

- 1. Passport (Bio page, including date of entry/arrival and exit/departure stamp, if applicable); (1 photocopy)
- 2. Employment Contract or equivalent document indicating the duration of employment, compensation and other benefits and scope of duties. (1 certified true copy)

If transacting through a Representative:

- 2.1 Special Power of Attorney (SPA); (1 original)
- 2.2 Any government-issue ID of the taxpayer and authorized representative. (1 photocopy)

In the case of employer securing TIN in behalf of its employee:

- (a) Letter of Authority (LOA) with company letterhead (if applicable) signed by the President or HR Head indicating the company name and its authorized representative; (1 original)
- (b) Any government-issued ID of the signatory (for signature validation); (1 certified true copy)
- (c) Any government-issued ID of the authorized person of the employer; (1 photocopy)
- (d) Transmittal List of Newly Hired Employees with a place of assignment and certifying that the list is its newly hired employees; (1 original)
- (e) Letter of Authority from the employee/s; (1 original)
- (f) Printed copy of eREG System message that the employee has a similar record, if applicable. (1 original)

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.