



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
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[illegible]

6	Taxpayer's Name		
	<div> <div></div> <div> <div>Last Name</div> <div>First Name</div> <div>Middle Name</div> </div> </div>		

<b>7</b> Citizenship	<b>8</b> Date of Birth
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9	Local Residence Address		
	No. (Include Building Name)	Street	Barangay/Subdivision
	District Municipality	City/Province	

10 Zip Code		11 Municipality Code (To be filled up by BIR)		12 Telephone Number	
<div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px;"></div>		<div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px;"></div>		<div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px;"></div>	

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

14	Foreign Residence Address	
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15	Tax Type	Form Type	ATC
	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 )	II 011

<b>Part II</b>	<b>Personal Exemptions</b>
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<p><b>16 ► Civil Status</b></p> <p><input type="checkbox"/> Single/Widow/Widower/Legally Separated (No dependents)</p> <p><input type="checkbox"/> Head of the Family</p> <p><input type="checkbox"/> Single with qualified dependent      <input type="checkbox"/> Legally separated with qualified dependent</p> <p><input type="checkbox"/> Widow/Widower with qualified dependent      <input type="checkbox"/> Benefactor of a qualified senior citizen (RA No. 7432)</p> <p><input type="checkbox"/> Married</p> <p><b>18 ► Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum</b></p> <p><input type="checkbox"/> Husband claims additional exemption and any premium deduction      <input type="checkbox"/> Wife claims additional exemption and any premium deduction</p> <p><b>19 Spouse Information</b></p> <p style="text-align: center;">Spouse Taxpayer Identification Number</p> <p><b>19A</b> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/></p> <p style="text-align: center;">Spouse Employer's Taxpayer Identification Number</p> <p><b>19C</b> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/></p>	<p><b>17 ► Employment Status of Spouse:</b></p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Employed Locally</p> <p><input type="checkbox"/> Employed Abroad</p> <p><input type="checkbox"/> Engaged in Business/Practice of Profession</p> <p style="text-align: center;">(Attach Waiver of Husband)</p> <p style="text-align: center;">Spouse Name</p> <p><b>19B</b> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p> <p style="text-align: center;">Last Name      First Name      Middle Name</p> <p style="text-align: center;">Spouse Employer's Name</p> <p><b>19D</b> <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p>
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<b>Part III</b>	<b>Additional Exemptions</b>
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Section A	Number and Names of Qualified Dependent Children
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20	Number of Qualified Dependent Children	▶	
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21	Names of Qualified Dependent Children
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Last Name		First Name		Middle Name		Date of Birth ( MM / DD / YYYY )				Mark if Mentally / Physically Incapacitated	
21A		21B		21C		21D					
22A		22B		22C		22D					
23A		23B		23C		23D					
24A		24B		24C		24D					

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 <input type="checkbox"/> Successive employments (With previous employer(s) within the calendar year) <input type="checkbox"/> 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
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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 <input type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE			
28 Taxpayer Identification Number <input style="width: 100%;" type="text"/>		29 RDO Code <input style="width: 100%;" type="text"/> <small>(To be filled up by BIR)</small>	
30 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if non-Individuals) <input style="width: 100%;" type="text"/>			
31 Employer's Business Address <input style="width: 100%;" type="text"/>			
32 Zip Code <input style="width: 100%;" type="text"/>	33 Municipality Code <input style="width: 100%;" type="text"/> <small>(To be filled up by the BIR)</small>	35 Effectivity Date <input style="width: 100%;" type="text"/> <small>(Date when Exemption Information is applied)</small> <small>(MM / DD / YYYY)</small>	36 Date of Certification <input style="width: 100%;" type="text"/> <small>(Date of certification of the accuracy of the exemption information)</small> <small>(MM / DD / YYYY)</small>
34 Telephone Number <input style="width: 100%;" type="text"/>		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.  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">           _____            EMPLOYER / AUTHORIZED AGENT            (Signature over printed Name)         </div> <div style="width: 45%;">           _____            Title / Position of Signatory         </div> </div>	
		Stamp of BIR Receiving Office and Date of Receipt  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
		Attachments Complete? <small>(To be filled up by BIR)</small> <input type="checkbox"/> Yes <input type="checkbox"/> 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

**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.**