Application for Registration

BIR Form No. 1903 January 2000 (ENCS)

For Corporations / Partnerships (Taxable / Non-Taxable), Including GAIs and LGUs

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

Fill in applicable spaces. Mark all appropriate boxes with an "X".													
1	REGISTERING OFFICE			2 DATE OF REG									
À	Head Office			Branch Office	Branch Office (To be filled up by B			(MM / DD / YYYY)					
3 ▶	3 ►TAXPAYER TYPE												
	Partnership	Partnership in General		Government (Government Corporation			International Carrier					
	General Pro	General Professional Partnership			Government Agency and Instrumentality (GAI)			Offshore Banking Unit/ Foreign					
	Joint Venture			Insurance - m	Insurance - mutual life			Currency Deposit Unit (OBU/ FCDU)					
	Domestic Corporation in General			Non-profit Hos	Non-profit Hospital			Non-stock Non-profit Organization					
	Resident Fo	oreign Corporation in	tion in General Proprietary Educational Institutions				Local Governm	nent Unit (LGU)					
4		ENTIFICATION NUM axpayer with existing TIN a branch)				0,0,0	5 RDO CODE (To be filled up by BIR)	→					
6	TAXPAYER'S	NAME											
>													
		SEC Registered Name/ Agency/ LGU Charter Name											
1	ORGANIZATIO	RPORATION OR N	► [DD / YYYY) 8		ON OF MAIN ACTI paged in Business		ed in Business					
9	NATIONALITY	► Domest	iic	Resident Fore	eign								
10	PRIMARY/ SEC	PRIMARY/ SECONDARY INDUSTRIES (Attach additional sheets, if necessary)											
	Industry	Trade/Busi	ooga Nama	PSIC	Line	f Business	Facility Ty	pe t tax types Number of WH Facilities					
•	Primary	Haue/Busi	less name	(TO be filled up by BIR)	Lille 0	ii Dusiiiess	FF SF	VVII Tacilities					
	Secondary												
			ty Types: PP - Place	of Production; SP	- Storage Pla	ce; WH - Wareho	ouse						
11	TAXABLE YEA	R/ ACCOUNTING P		Fiscal Year									
			ar Year ————————————————————————————————————	Fiscal Year			Starting Date of Fi	scal Year					
	LOCAL ADDRE	SS											
•	No	(Include Building Name	2)	Street			Barangay/Subdivisio	in.					
	140.	(Morade Building Name	<i>-</i>)	Olicet			Darangay/Odbarviolo						
	Dist	rict/Municipality			City/Pro	vince							
13	ZIP CODE		14 MUNICIPALITY C (To be filled up by the BIF				ILEPHONE IMBER						
16	FOREIGN BUSI	INESS ADDRESS	(10 so mod up s) and sn	·,									
•													
	No.	(Include Building Name	e)	Street			City						
	State Country Zip Code												
17	FOREIGN BUS		17A]	1		7 17B						
	PHONE NUMBI	ER	Country Code	l I I Area Code	Tele	phone Number	▶	AX Number					
18	CONTACT PER	SON / ACCREDITE	D TAX AGENTS (if diffe	erent from taxpayer)			19 TELEP	HONE NUMBER					

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19 ► Ta:	x Types (choose only the tax types that are applicable	e to you)		FORM TYPE	ID) (Ta	ATC b be filled up by BIR)		
	Income Tax			(To be filled up by B	(10	be illied up by BIK)		
-								
Н	Value-added Tax				-			
-	Percentage Tax - Stocks		-		-			
Н	Percentage Tax - Stocks (IPO)	-I Davis on I						
	Other Percentage Taxes Under the National Intern	al Revenue Code						
	(Specify)		_					
			_					
-	Percentage Tax Payable Under Special Laws		\vdash					
-	Withholding Tax - Compensation	_						
-	Withholding Tax - Expanded		-					
-	Withholding Tax - Final		\vdash					
ш	Withholding Tax - Fringe Benefits		\vdash					
\blacksquare	Withholding Tax - Banks and Other Financial Institu		_					
	Withholding Tax - Others (One-time Transaction no	ot						
	subject to Capital Gains Tax)							
Ш	Withholding Tax - VAT and Other Percentage Tax							
	Withholding Tax - Percentage Tax on Winnings an	d Prizes Paid by						
	Racetrack Operators		_					
ш	Excise Tax - Ad Valorem							
\square	Excise Tax - Specific							
Ш	Tobacco Inspection and Monitoring Fees							
ш	Documentary Stamps Tax							
ш	Capital Gains Tax - Real Property							
ш	Capital Gains Tax - Stocks							
ш	Donor's Tax							
ш	Registration Fees							
	Miscellaneous Tax							
	(Specify)							
	Others (Specify)							
20 Regis	stration of Books of Accounts							
		PSIC		VOL	UME	NO. OF PAGES		
	TYPE OF BOOKS TO BE REGISTERED	(To be filled up by BIR)	QNTY.	FROM	ТО			
21 DEC	LARATION				Stamp of BIR	Receiving Office		
	declare, under the penalties of perjury, that this applic	-	and Date	of Receipt				
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.								
Halional internal Nevenue Coue, as amenueu, and the regulations issued under authority thereof.								
		Attachment	s complete?					
	TAXPAYER/AUTHORIZED AGENT	ATORY	Attachments complete? (To be filled up by BIR)					
	(Signature over printed name)		▶ □					
					└── Yes	└─ No		

ATTACHMENTS: (Photocopy only)

- I. For Corporations / Partnerships
 1. SEC Certificate of Registration (Certificate of Incorporation/ Certificate of Co-partnership)
 2. Mayor's Permit to be submitted prior to the issuance of Certificate of Registration.
 II. For GAIs and LGUs Unit or Agency's Charter

NOTE:

Taxpayer should attend the required taxpayer briefing before the release of the BIR Certificate of Registration.

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.