



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)

____ - ____ - ____ - 0 0 0 0 0

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

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

3 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN)	4 RDO Code (To be filled out by BIR)	5 Taxpayer Type
____ - ____ - ____ - 0 0 0 0 0	____	<input type="checkbox"/> Local <input type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien

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

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
(Last Name) _____ (First Name) _____
(Middle Name) _____ (Suffix) _____

25 Spouse TIN
____ - ____ - ____ - 0 0 0 0 0

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

0 0 0 - 8 6 4 - 0 0 6 - 0 0 4

35 RDO Code

0 5 6

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

UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

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

Laguna

ZIP Code

4 0 3 1

38 Contact Details

Landline Number

n / a

Fax Number

n / a

Mobile Number

09985751071 / 09985718619

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.

AMMIEL V. TALATALA

EMPLOYER/AUTHORIZED REPRESENTATIVE

(Signature over Printed Name)

Chief, Employee Benefits Section

Human Resources Development Office, UPLB

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 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.