



Application for Registration

For Individuals Earning Purely Compensation Income, and Non-Resident Citizens / Resident Alien Employee

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

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

1 Taxpayer Type <input checked="" type="checkbox"/> Local Employee <input type="checkbox"/> Resident Alien Employee	2 Date of Registration (To be filled up by BIR) (MM/DD/YYYY)	3 RDO Code (To be filled up by BIR)
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Part I Taxpayer / Employee Information

4 TIN (For Taxpayer w/ existing TIN)	5 Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6 Citizenship FILIPINO
7 Taxpayer's Name DELA CRUZ, JUAN CARLOS, REYES <small>Last Name First Name Middle Name</small>		8 Date of Birth 02 17 1984 <small>(MM/DD/YYYY)</small>
9 Local Residence Address ADDRESS <small>No. (Include Building Name) Street Barangay/Subdivision</small>		10 Telephone No.
<small>District/Municipality City/Province</small>		11 Zip Code
12 Municipality Code		
13 Foreign Residence Address		
14 Tax Type Income Tax <input type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)		ATC II 011

Part II Personal Exemptions

15 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Legally separated <input type="checkbox"/> with qualified dependent child/ren <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input type="checkbox"/> without qualified dependent child/ren	16 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
17 Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum <input type="checkbox"/> Husband claims additional exemption and any premium deduction <input type="checkbox"/> Wife claims additional exemption and any premium deduction (Attach Waiver of Husband)	
18 Spouse Information	
18A Spouse Taxpayer Identification Number 0000	18B Spouse Name Last Name First Name Middle Name
18C Spouse Employer's Taxpayer Identification Number	18D Spouse Employer's Name

Part III Additional Exemptions

19 Names of Qualified Dependent Child/ren (refers to a legitimate, illegitimate, or legally adopted child chiefly dependent upon & living with the taxpayer; not more than 21 years of age, unmarried, and not gainfully employed; or regardless of age, is incapable of self-support due to mental or physical defect).

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Mark if Mentally / Physically Incapacitated
19A	19B	19C	19D	19E
20A	20B	20C	20D	20E
21A	21B	21C	21D	21E
22A	22B	22C	22D	22E

Part IV For Employee With Two or More Employers (Multiple Employments) Within the Calendar Year

23 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)]

TIN	Name of Employer/s

24 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.

signature
JUAN CARLOS DELA CRUZ
 TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT
 (Signature over printed name)

Part V Employer Information

25 Type of Registered Office <input type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE	27 RDO Code (To be filled up by BIR)
26 Taxpayer Identification Number	
28 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual)	
29 Employer's Business Address	
30 Zip Code	31 Municipality Code (To be filled up by the BIR)
32 Telephone Number	
33 Effectivity Date (Date when Exemption Information is applied)	34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information)

35 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.	Stamp of BIR Receiving Office and Date of Receipt
EMPLOYER / AUTHORIZED AGENT (Signature over printed Name)	Title / Position of Signatory
Attachments Complete? (To be filled up by BIR) <input type="checkbox"/> Yes <input type="checkbox"/> No	

ATTACHMENTS: (Photocopy only)

- For Individuals Earning Purely Compensation Income
- Birth Certificate or any valid identification card of applicant showing complete name, address, birth date and signature (Driver's license, PRC ID or passport)
- Marriage Contract, if applicable
- Waiver of husband to claim additional exemption, if applicable
- Birth Certificate/s of dependent/s, if applicable
- Employment Certificate or valid company ID with picture and signature, if available

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.