



# Application for Registration

**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"

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

<b>3</b> Taxpayer Identification Number (TIN) <i>(For Taxpayer with existing TIN)</i>	<b>4</b> RDO Code <i>(To be filled out by BIR)</i>	<b>5</b> 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

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

**7** Gender  
 Male     Female

**8** Civil Status  
 Single     Married     Widower/er     Legally Separated

<b>9</b> Date of Birth (MM/DD/YYYY)	<b>10</b> 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)

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<b>13</b> Citizenship	<b>14</b> 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

| | | | |

<b>17</b> Municipality Code <i>(To be filled out by BIR)</i>		<b>18</b> Tax Type	<b>INCOME TAX</b>	<b>19</b> Form Type	<b>BIR Form No. 1700</b>	<b>20</b> ATC	<b>II 011</b>
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**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

Landline Number   
  Fax Number   
  Mobile Number

| | | | |    | | | | |    | | | | |

Email Address (required)

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### Part II - Spouse Information (if applicable)

**23** Employment Status of Spouse  
 Unemployed     Employed Locally     Employed Abroad     Engaged in Business/Practice of Profession

**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

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**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)**

<b>29A Name of Employer</b>		<b>29B Employer's TIN</b>							
<b>30A Name of Employer</b>		<b>30B Employer's TIN</b>							
<b>31A Name of Employer</b>		<b>31B Employer's TIN</b>							

**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**

<b>33 Type of Registered Office</b>	<b>34 TIN</b>	<b>35 RDO Code</b>
<input checked="" type="checkbox"/> Head Office <input type="checkbox"/> Branch Office	0 0 0 - 2 6 1 - 3 3 1	1 3 2

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

SOUTHERN PHILIPPINES MEDICAL CENTER

**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

JP LAUREL AVENUE, BAJADA  
 DAVAO CITY

**38 Contact Details**


Landline Number	Fax Number	Mobile Number
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<b>39 Relationship Start Date/Date Employee was Hired (MM/DD/YYYY)</b>	<b>40 Municipality Code (To be filled out by BIR)</b>
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**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

  
 CYNDI FE CAMPOREDONDO, CPA, MBA  
 EMPLOYER/AUTHORIZED REPRESENTATIVE  
 (Signature over Printed Name)

ACCOUNTANT IV  
 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.