

Application for Registration

BIR Form No.
1904
January 2000 (**ENCS**)

For One-time Taxpayer and Person Registering under E.O. 98 (Securing a TIN to be able to transact with any government office)

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

1	Taxpayer Type	<input type="checkbox"/> One-Time Taxpayer <input type="checkbox"/> E.O. 98	2	Classification	<input type="checkbox"/> Individual <input type="checkbox"/> Non-individual	3	Date of Registration	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
							(To be filled up by BIR)	(MM / DD / YYYY)

4 TIN <small>(For Taxpayer w/ existing TIN)</small>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 60%;"></div> <div style="width: 10%; background-color: #ccc;"></div> <div style="width: 30%;"></div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 60%;"></div> <div style="width: 10%; background-color: #ccc;"></div> <div style="width: 30%; text-align: center;">0,0,0</div> </div> </div>	5 RDO Code <small>(To be filled up by BIR)</small>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	6 Sex <div style="display: flex; justify-content: space-between; align-items: center;"> <input type="checkbox"/> Male <input type="checkbox"/> Female </div>
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Last Name	First Name	Middle Name
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12 Municipality Code (To be filled up by BIR)

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	F	Others (Specify)
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(To be filled up by the BIR)

(To be filled up by the BIR)

	Withholding Tax	
	Capital Gains Tax - Real Property	
	Capital Gains Tax - Stocks	
	Documentary Stamp Tax	
	Donor's Tax	
	Estate Tax	
	Miscellaneous Tax (Specify)	
	Non-Taxable (under EO 98)	
	Others (Specify)	

[illegible]

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 Receiving Office
and Date of Receipt

TAXPAYER/AUTHORIZED AGENT
(Signature over printed name)

TITLE/POSITION OF SIGNATORY

Attachments complete?
(To be filled up by BIR)

► ☐ Yes ☐ No