



Application for Registration

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)

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

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 (To be filled up by BIR)	<input type="text"/> <input type="text"/> <input type="text"/> (MM / DD / YYYY)
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Part I

Taxpayer Information

4 TIN <small>(For Taxpayer w/ existing TIN)</small>	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 20%; height: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20%; height: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20%; height: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20%; height: 20px; border-bottom: 1px solid black; text-align: center;">000</div> </div>	5 RDO Code <small>(To be filled up by BIR)</small>	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 20%; height: 20px; border-bottom: 1px solid black;"></div> <div style="width: 20%; height: 20px; border-bottom: 1px solid black;"></div> </div>	6 Sex <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> Male <input type="checkbox"/> Female </div> </div>
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7 Taxpayer's Name (Last Name, First Name, Middle Name, if individual/Registered Name, if non-individual)

8 Civil Status <input type="checkbox"/> Single/Widow/Widower/Legally Separated (No dependents) <input type="checkbox"/> Head of the Family <input type="checkbox"/> Single with qualified dependent <input type="checkbox"/> Widow/Widower with qualified dependent <input type="checkbox"/> Legally separated with qualified dependent <input type="checkbox"/> Benefactor of a qualified senior citizen (RA No. 7432) <input type="checkbox"/> Married	9 Spouse Information 9A Spouse Taxpayer Identification Number <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 20%;"></div> <div style="width: 20%;"></div> <div style="width: 20%;"></div> <div style="width: 20%;"></div> <div style="width: 20%;"></div> </div> 9B Spouse Name <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 33%;"></div> <div style="width: 33%;"></div> <div style="width: 33%;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Last Name First Name Middle Name </div>
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10 Date of Birth / Date of Organization	<div> <div></div> <div></div> <div></div> </div> <div>(MM / DD / YYYY)</div>	11 Telephone Number	<div></div>	12 Municipality Code (To be filled up by BIR)	<div></div>
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