



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)

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) <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> (MM / DD / YYYY) </div>
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Part I	Taxpayer Information
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4 TIN		5 RDO Code		6 Sex		Male Female
(For Taxpayer w/ existing TIN)		(To be filled up by BIR)			<input type="checkbox"/>	

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 <input type="text"/> 9B Spouse Name <input type="text"/>
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10 Date of Birth / Date of Organization	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> (MM / DD / YYYY) </div>	11 Telephone Number		12 Municipality Code (To be filled up by BIR)
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13 Local Address (Please indicate complete address)	14 Zip Code
<input type="text"/>	<input type="text"/>

15 Foreign Address (Please indicate complete address)	16 Zip Code
▶	▶

17 Contact Person/Accredited Tax Agent (if different from taxpayer)	18 Telephone Number
▶	▶

19 ▶ One-Time Transactions (To be filled up by one-time taxpayer only)											
<input type="checkbox"/>	<input type="checkbox"/>	A	Sale, Assignment and / or Disposal of Shares of Stocks	<input type="checkbox"/>	<input type="checkbox"/>	B	Sale, Assignment and / or Disposal of Real Property(ies) classified as Capital Asset	<input type="checkbox"/>	<input type="checkbox"/>	C	Sale, Assignment and / or Disposal of Real Property(ies) classified as Ordinary Asset
<input type="checkbox"/>	<input type="checkbox"/>	D	Donation of Properties	<input type="checkbox"/>	<input type="checkbox"/>	E	Transfer of Properties by Succession (Death)	<input type="checkbox"/>	<input type="checkbox"/>	F	Others (Specify) <input type="text"/>

20 ► Tax Types (Choose only the tax types that are applicable to you)		FORM TYPE	ATC
		(To be filled up by the BIR)	(To be filled up by the BIR)
<input type="checkbox"/>	Withholding Tax		
<input type="checkbox"/>	Capital Gains Tax - Real Property		
<input type="checkbox"/>	Capital Gains Tax - Stocks		
<input type="checkbox"/>	Documentary Stamp Tax		
<input type="checkbox"/>	Donor's Tax		
<input type="checkbox"/>	Estate Tax		
<input type="checkbox"/>	Miscellaneous Tax (Specify) <input type="text"/>		
<input type="checkbox"/>	Non-Taxable (under EO 98)		
<input type="checkbox"/>	Others (Specify) <input type="text"/>		

<p>21 Declaration</p> <p>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.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____ TAXPAYER/AUTHORIZED AGENT (Signature over printed name)</p> </div> <div style="width: 45%;"> <p>_____ TITLE/POSITION OF SIGNATORY</p> </div> </div>	<p>Stamp of Receiving Office and Date of Receipt</p> <p>Attachments complete? (To be filled up by BIR)</p> <p style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
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ATTACHMENTS: (Photocopy only)

For Payor of Capital Gains Tax (Stock, Real Estate)

-Birth Certificate or any document showing name, address and birth date of taxpayer applicant

For Payor of Transfer Tax

Donor's Tax

-Birth Certificate or any document showing name, address and birth date

For Payor of Final Tax on Winnings.

- Certification from awarding company/person

For Vehicle Registrants

-Birth Certificate or any document showing name, address and birth date of the applicant

-Cash Invoice or Official Receipt or Deed of Sale

For Other Applicants