



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1901

November 2014 (ENCS)

**For Self-Employed (Single Proprietor/Professional),
Mixed Income Individuals, Marginal Income Earner,
Non-Resident Alien Engaged in Trade/Business, Estate and Trust**

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".

Part 1 Taxpayer Information

1 Registering Office Head Office Branch Office Facility 2 BIR Registration Date (To be filled up by BIR) (MM/DD/YYYY)

3 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN) 4 RDO Code (To be filled up by BIR)

5 Taxpayer's Name (If Individual) (Last Name) (First Name) (Middle Name) (Suffix) (Nickname)
(If ESTATE, STATE of First Name, Middle Name, Last Name) (If TRUST, FAO First Name, Middle Name, Last Name)

6 Gender Male Female 7 Date of Birth/Organization Date (In case of Estate/Trust) (MM/DD/YYYY) 8 Place of Birth

9 Mother's Maiden Name 10 Father's Name

11 Citizenship 12 Other Citizenship

13 Identification Details (e.g. passport, government issued ID, company ID, etc.)
Type Number Effective Date (MM/DD/YYYY) Expiry Date (MM/DD/YYYY) Issuer Place/Country of Issue

14 Preferred Contact Type Phone Number Mobile Number Fax Number Email Address (required)

15 Local Residence Address
Lot#/Blk#/Phase/House#/Unit/Room/Floor/Bldg.#/Sub Street Building Name/Street Name/Subdivision/Village/Zone Province
Municipality/City/District Barangay ZIP Code

16 Business Address
Lot#/Blk#/Phase/House#/Unit/Room/Floor/Bldg.#/Sub Street Building Name/Street Name/Subdivision/Village/Zone Province
Municipality/City/District Barangay ZIP Code

17 Foreign Address

18 Municipality Code (To be filled up by BIR) 19 Purpose of TIN Application

20 Taxpayer Type
 Single Proprietorship Only (Resident Citizen) Mixed Income Earner - Compensation Income Earner & Single Proprietor
 Resident Alien - Single Proprietor Mixed Income Earner - Compensation Income Earner & Professional
 Resident Alien - Professional Mixed Income Earner - Compensation Income Earner, Single Proprietor & Professional
 Marginal Income Earner (attach Sworn Statement) Non-Resident Alien Engaged in Trade/Business
 Professional - Licensed (PRC, IBP) Estate - Filipino Citizen Estate - Foreign Nationals
 Professional - In General Trust - Filipino Citizen Trust - Foreign Nationals
 Professional and Single Proprietor

21 Primary/Secondary Industries (Attach additional sheet/s, if necessary)

Industry	Trade/Business Name	Regulatory Body	Business Registration Number	Business Registration Date (MM/DD/YYYY)	CODE (To be filled up by BIR)		Line of Business/ Occupation
					PSIC	PSOC	
Primary							
Secondary							

22 Facility Details (PP-Place of Production/Plant; SP-Storage Place; WH-Warehouse; SR-Showroom; GG-Garage; BT-Bus Terminal; RP-Real Property for Lease with No Sales Activity)

22A Facility Code (To be filled up by BIR) 22B Facility Type PP SP WH SR GG BT RP

22C Facility Address Others (specify)
Lot#/Blk#/Phase/House#/Unit/Room/Floor/Bldg.#/Sub Street Building Name/Street Name/Subdivision/Village/Zone Province
Municipality/City/District Barangay ZIP Code

23 Incentives Details

23A Investment Promotion Agency (e.g. PEZA, BOI) 23B Legal Basis (e.g. RA, EO) 23C Incentives Granted (e.g. exempt from IT, VAT, etc.)

23D Number of Years 23E Incentive Start Date (MM/DD/YYYY) 23F Incentive End Date (MM/DD/YYYY)

24 Details of Registration/Accreditation		FROM	TO
24A Registration/Accreditation Number	24B Effectivity Date (MM/DD/YYYY)	(MM/DD/YYYY)	24C Date Issued (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24D Registered Activity	24E Tax Regime (Regular, Special, Exempt)	24F Activity Start Date (MM/DD/YYYY)	24G Activity End Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

25 Tax Types (this portion determines your tax liability/ies) (To be filled up by BIR)

	Form Type	ATC		Form Type	ATC
<input type="checkbox"/> Registration Fee	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Value-Added Tax	<input type="text"/>	<input type="text"/>
Withholding Tax			Percentage Tax		
<input type="checkbox"/> Compensation	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Stocks	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Expanded	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Overseas Dispatch & Amusement	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Final	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Under Special Laws	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Other Percentage Tax under NIRC (specify)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> VAT & Other Percentage Taxes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ONETT not subject to CGT	<input type="text"/>	<input type="text"/>	Documentary Stamp Tax		
<input type="checkbox"/> Percentage Tax on Winnings & Prizes	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Regular	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> On Interest Paid on Deposits & Yield on Deposits Substitutes/Trusts/Etc.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> One-Time Transactions (ONETT)	<input type="text"/>	<input type="text"/>
Income Tax	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Capital Gains - Real Property	<input type="text"/>	<input type="text"/>
Excise Tax			<input type="checkbox"/> Donors Tax	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Alcohol Products	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Estate Tax	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Automobiles & Non-Essential Goods	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Tobacco Inspection Fees	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Mineral Products	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Miscellaneous Tax (specify)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Petroleum Products	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Tobacco Products	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Others (specify)	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>

26 Registration of Books of Accounts

Type (Manual or Loose)	Books Registered	Quantity	Volume		Date Registered (MM/DD/YYYY)	Permit Number	Date Issued (MM/DD/YYYY)
			From	To			

27 Relationship Name (For Authorized Representative)

If Individual (Last Name) (First Name) (Middle Name) (Suffix)

If Non-Individual (Registered Name)

28 Relationship Type Administrator Trustee Tax Agent Employer Agent

29 TIN of Authorized Representative

30 Relationship Start Date (MM/DD/YYYY)

31 Address Type Residence Employer Address Place of Business

32 Address

Lot#/Blk#/Phase/House#/Unit/Room/Floor/Bldg.#/Sub Street Building Name/Street Name/Subdivision/Village/Zone Province

Municipality/City/District Barangay ZIP Code

33 Preferred Contact Type Phone Number Mobile Number Fax Number Email Address (required)

Part II Personal Exemption/Spouse Information

34 Civil Status Single Married Widow/er Legally Separated with qualified dependent child/ren

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

36 Claims for Additional Exemption/Premium Deduction for husband and wife whose aggregate family income does not exceed P250,000 per annum

Husband claims additional exemption and premium deduction

Wife claims additional exemption and premium deduction (attach Waiver of Husband, if husband is employed locally or engaged in business/ practice of profession)

37 Spouse Name (Last Name) (First Name) (Middle Name) (Suffix)

38 Spouse TIN

39 Employer's Name of Spouse (Last Name, First Name, Middle Name, if Individual) (Registered Name, if Non-Individual)

40 Employer's TIN of Spouse

Part III Additional Exemption					
41 Name of Qualified Dependent Children } refers to a legitimate, illegitimate, or legally adopted child chiefly dependent upon and 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	Suffix	Date of Birth (MM/DD/YYYY)	Mark if mentally, physically incapacitated
41A					<input type="checkbox"/>
41B					<input type="checkbox"/>
41C					<input type="checkbox"/>
41D					<input type="checkbox"/>

Part IV For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year	
42 Type of Multiple Employments <input type="checkbox"/> Successive employments (With previous employer/s within the calendar year) <input type="checkbox"/> 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 Concurrent Employments During the Calendar Year	
Name of Employer/s	TIN of Employer/s

43 Declaration
 I declare, under the penalties of perjury, that this application 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.

 Taxpayer/Authorized Representative
 (Signature over Printed Name)

Part V Primary Employer Information			
44 Type of Registered Office <input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office	45 TIN 	46 RDO Code 	
47 Employer's Name (if Individual) (Last Name) (First Name) (Middle Name) (Suffix) _____ (if Non-individual) Registered Name _____			
48 Employer's Address _____ <small>Lot#/Blk#/Phase/House#/Unit/Room/Floor/Bldg.#/Sub Street Building Name/Street Name/Subdivision/Village/Zone Province</small> _____ <small>Municipality/City/District Barangay ZIP Code</small>			
50 Contact Number _____	51 Municipality Code (To be filled up by BIR) _____	49 Relationship Start Date (MM/DD/YYYY) 	
53 Declaration I declare, under the penalties of perjury, that this application 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 REPRESENTATIVE (Signature over Printed Name)		_____ Title/Position of Signatory	

- Documentary Requirements:**
- 1. Photocopy of Mayor's Business Permit (or duly received Application for Mayor's Business Permit, if the former is still in process with the LGU) and/or PTR issued by the LGU; and NSO Certified Birth Certificate of the applicant;
 Other Documents for submission (only if applicable):
 - a. Contract of Lease;
 - b. DTI Certificate of Registration of Business Name, if a business trade name shall be used;
 - c. Certificate of Authority, if Barangay Micro Business Enterprises (BMBE) registered entity;
 - d. Proof of Registration/Permit to Operate with Board of Investment (BOI)/Board of Investment for Autonomous Region for Muslim Mindanao (BOI/ARMM), Philippine Economic Zone Authority (PEZA), Bases Conversion Development Development Authority (BCDA) and Subic Bay Metropolitan Authority (SBMA);
 - e. Sworn Statement of Capital;
 - f. Waiver of husband on his right to claim additional exemptions, if wife will claim;
 - g. Marriage Contract, if applicable.
 - h. NSO Certified Birth Certificate of declared dependents.
 - 2. For Non-residents - in addition to the above applicable requirements, a Working Permit;
 - 3. For Franchise Holders/Franchisees - In addition to the above applicable requirements, a photocopy of the Franchise Agreement;
 - 4. For Trusts - In addition to the requirements enumerated under "a" to "h" above, a photocopy of the trust agreement;
 - 5. For Estates (under judicial settlement) - in addition to the requirements enumerated under "a" to "h" above, a photocopy of the Death Certificate of the deceased and judicial settlement;
 - 6. In the case of registration of branches/facility types;
 - a. Copy of the Certificate of Registration (COR) of the Head Office for facility types to be used by the Head Office and COR of the branch for facility types to be used;
 - b. Mayor's Business Permit or duly received Application for Mayor's Business Permit, if the former is still in process with the LGU;
 - c. DTI Certificate of Registration of Business Name, if a business trade name shall be used, if applicable; and
 - d. Contract of Lease, if applicable.

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.