



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Application for Registration

BIR Form No.
1901
January 2000 (ENCS)

**For Self-Employed and Mixed Income
Individuals, Estates and Trusts**

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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".

Part I Taxpayer Information

1 Taxpayer Type Single Proprietorship Estate Professional Trust
 2 Registering Office Head Office Branch Office
 3 Date of Registration (MM/DD/YYYY) (To be filled up by BIR)

4 Taxpayer Identification No. (For taxpayers with existing TIN or applying for a branch) 000 000 000 0000
 5 RDO Code (To be filled up by BIR) 00
 6 Sex Male Female

7 Taxpayer's Name
 ▶ DELA CRUZ JUAN SAMPLE
 Last Name First Name Middle Name
 8 Citizenship FILIPINO
 9 Date of Birth/ Organization Date (Estates/ Trusts) (MM/DD/YYYY) 01 01 2017

10 Residence Address (Please indicate complete address) METRO MANILA PHILIPPINES
 11 Zip Code 00
 12 Telephone Number

13 Business Address (Please indicate complete address) METRO MANILA PHILIPPINES

14 Zip Code
 15 Municipality Code (To be filled up by the BIR)
 16 Telephone Number

17 Name of Administrator/Trustee (In case of Estate/Trust)
 18 Address of Administrator/Trustee

19 Primary/ Secondary Industries (Attach Additional Sheets, if Necessary) Facility Types : PP - Place of Production; SP - Storage Place; WH - Warehouse

Industry	Business / Trade Names	CODE (To be filled up by BIR)		Line of Business/ Occupation	Facility Type with no independent tax types			Number of Facilities
		PSIC	PSOC		PP	SP	WH	
Primary	JUAN S. DELA CRUZ							
Secondary								

20 Contact Person/ Accredited Tax Agent (if different from taxpayer)
 Last Name, First Name, Middle Name (if individual) / Registered Name (if non-individual)
 21 Telephone Number

22 Tax Types (choose only the tax types that are applicable to you)

Tax Types	FORM TYPE (To be filled up by the BIR)		ATC (To be filled up by the BIR)	
<input checked="" type="checkbox"/> Income Tax				
<input type="checkbox"/> Value-added Tax				
<input type="checkbox"/> Percentage Tax - Stocks				
<input type="checkbox"/> Percentage Tax - Stocks (IPO)				
<input checked="" type="checkbox"/> Other Percentage Taxes Under the National Internal Revenue Code (Specify) SEC. 109 (W) SALES NOT EXCEEDING 1,919,500				
<input type="checkbox"/> Percentage Tax Payable Under Special Laws				
<input type="checkbox"/> Withholding Tax - Compensation				
<input type="checkbox"/> Withholding Tax - Expanded				
<input type="checkbox"/> Withholding Tax - Final				
<input type="checkbox"/> Withholding Tax - Fringe Benefits				
<input type="checkbox"/> Withholding Tax - Banks and Other Financial Institutions				
<input type="checkbox"/> Withholding Tax - Others (One-time Transaction not subject to Capital Gains Tax)				
<input type="checkbox"/> Withholding Tax - VAT and Other Percentage Taxes				
<input type="checkbox"/> Withholding Tax - Percentage Tax on Winnings and Prizes Paid by Racetrack Operators				
<input type="checkbox"/> Excise Tax - Ad Valorem				
<input type="checkbox"/> Excise Tax - Specific				
<input type="checkbox"/> Tobacco Inspection and Monitoring Fees				
<input type="checkbox"/> Documentary Stamps Tax				
<input type="checkbox"/> Capital Gains Tax - Real Property				
<input type="checkbox"/> Capital Gains Tax - Stocks				
<input type="checkbox"/> Estate Tax				
<input type="checkbox"/> Donor's Tax				
<input checked="" type="checkbox"/> Registration Fees				
<input type="checkbox"/> Miscellaneous Tax (Specify)				
<input type="checkbox"/> Others (Specify)				

23 Registration of Books of Accounts

TYPE OF BOOKS TO BE REGISTERED	PSIC (To be filled up by BIR)	PSOC (To be filled up by BIR)	QNTY.	VOLUME		NO. OF PAGES
				FROM	TO	

Part II Personal Exemptions

24 ▶ Civil Status
 Single/Widow/Widower/Legally Separated (No dependents)
 Head of the Family
 Single with qualified dependent
 Widow/Widower with qualified dependent
 Married

25 ▶ Employment Status of Spouse:
 Unemployed
 Employed Locally
 Employed Abroad
 Engaged in Business/Practice of Profession

26 Claims for Additional Exemptions/ Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000.00 per annum.
 Husband claims additional exemption and any premium deductions
 Wife claims additional exemption and any premium deductions (Attach Waiver of the Husband)

27 Spouse Information

27A Spouse Taxpayer Identification Number:

27B Spouse Name:

27C Spouse Employer's Taxpayer Identification Number:

27D Spouse Employer's Name:

Part III Additional Exemptions

Section A Number and Names of Qualified Dependent Children

28 Number of Qualified Dependent Children:

29 Names of Qualified Dependent Children

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Mark if Mentally / Physically Incapacitated
29A	29B	29C	29D	29E
30A	30B	30C	30D	30E
31A	31B	31C	31D	31E
32A	32B	32C	32D	32E

Section B Name of Qualified Dependent Other than Children

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Mark if Mentally / Physically Incapacitated
33A	33B	33C	33D	33E

33F ▶ Relationship: Parent Brother Sister Qualified Senior Citizen

Part IV For Employee With Two or More Employers (Multiple Employments) Within the Calendar Year

34 ▶ Type of multiple employments
 Successive employments (With previous employer(s) within the calendar year), for late registrants if applicable
 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)]

TIN	Name of Employer/s
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

35 Declaration
 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.

JUAN S. DELA CRUZ
 TAXPAYER / AUTHORIZED AGENT
 (Signature over printed name)

Part V Current Main Employer Information

36 Taxpayer Identification Number:

37 RDO Code (To be filled up by BIR):

38 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if non-Individuals):

39 Employer's Business Address:

40 Zip Code:

41 Municipality Code (To be filled up by the BIR):

42 Effectivity Date (Date when Exemption Information is applied):

43 Date of Certification (Date of certification of the accuracy of the exemption information):

44 Telephone Number:

45 Declaration
 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.

EMPLOYER / AUTHORIZED AGENT (Signature over printed Name) Title / Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt

Attachments Complete? (To be filled up by BIR)
 Yes No

- ATTACHMENTS:** (Photocopy only)
- A. For Self-employed/ Professionals/ Mixed Income Individuals
 - 1- Birth Certificate or any document showing name, address and birth date of the applicant
 - 2- Mayor's Permit - if applicable, to be submitted prior to the issuance of Certificate of Registration
 - 3- DTI Certificate of Registration of Business Name to be submitted prior to the issuance of Certificate of Registration
 - B. For Trust -Trust Agreement
 - C. For Estate - Death Certificate of the deceased

NOTE:

1. Update trade name upon receipt of DTI Certificate of Registration of Business Name.
2. Taxpayer should attend the required taxpayers briefing before the release of the BIR Certificate of Registration

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.