(To	be filled-	up by t	the BIR) ► DLN:									
•		Ka	epublika ng Pilipinas agawaran ng Pananalapi awanihan ng Rentas	s Internas		icatio Jistra	on fo	r		190 January 200)1	
_	ndivid	duals	mployed and Mixed s, Estates and Trus	ts Text				1	New TIN to	be issued, if appe filled up by BI	olicable R)	
		appro	priate white spaces. Ma	ark all appropi								
Part I Taxpayer Information 1 Taxpayer Type												
4 Taxpayer Identification No. (For taxpayers with existing TIN For applying for a branch) 6 Sex Male Female												
7 Taxpayer's Name 8 Citizenship 9									9 Date of Birt (Estates/ Trus	h/ Organization Date sts) (MM / DD / YYYY)		
	Last N			First Name		Middle	Name	<u> </u>		<u>- </u>		
10	Resider	nce Ad	ddress (Please indicate co	mplete address	s)				11 Zip C	Code 12 Te	lephone Number	
>	L									▶		
13	Busines	ss Add	dress (Please indicate com	nplete address)								
•												
14	Zip Cod	le 🕨			nicipality Code ed up by the BIR)		1	16 Telephone	Number	•		
			ninistrator/Trustee te/Trust)	(10 00 11110	or ob by the Birty	18 Add Adm	ress of inistrator/Trus	stee				
19	Primary	/ Seco	ondary Industries (Attach Ad	Iditional Sheets, If	Necessary) Facil	ity Types : PF	- Place of F	Production; SP	- Storag	ge Place; WH		
	Indu		Business / Trade Na		CODE To be filled up by BI PSIC PSO		of Business/	Occupation		Facility Type independent tax	types of Facilities	
	Second	_										
20	Contact	Perso	on/ Accredited Tax Agent (if different from	taxpayer)					21 Telephone	e Number	
•												
22			rst Name, Middle Name (if indiv (choose only the tax types			ridual)	► FO	RM TYPE		▶ A	TC	
		,	. , , , , , , , , , , , , , , , , , , ,	that are applied	able to you,	ſ		ed up by the BIR)			ed up by the BIR)	
	Н		ome Tax			-			-			
	Н		ue-added Tax centage Tax - Stocks			-			\dashv			
	н		centage Tax - Stocks (IPO))		+			\neg			
	П		er Percentage Taxes Unde		nternal Revenue	Code						
	_		(Specify)									
	ш		centage Tax Payable Unde						\dashv			
	н		hholding Tax - Compensati	ion					\dashv			
Withholding Tax - Expanded								\dashv				
Withholding Tax - Final Withholding Tax - Fringe Benefits												
	Н		nholding Tax - Banks and C		Institutions	1						
	П	With	nholding Tax - Others (One	e-time Transacti	ion not							
	$\overline{\Box}$		subject to Capital Gains Ta hholding Tax - VAT and Otl		Taxes	[\neg \vdash			
		With	hholding Tax - Percentage	Tax on Winning	gs and Prizes Pai	d by						
	Ш	Exc	ise Tax - Ad Valorem Race	etrack Operator	S							
	ш		ise Tax - Specific						\dashv			
	н		acco Inspection and Monito	oring Fees		-			\dashv			
	H		cumentary Stamps Tax oital Gains Tax - Real Prope	ertv					\dashv			
Capital Gains Tax - Real Property Capital Gains Tax - Stocks												
	Estate Tax											
		Don	nor's Tax									
	Ш	_	gistration Fees						-			
	H		cellaneous Tax (Specify)						-			
			ers (Specify)									
23	Regist	ration	of Books of Accounts		Dete	DCCC			1.00	13.45		
		TYPE	OF BOOKS TO BE REGIS	STERED	PSIC (To be filled up by BIR)	PSOC (To be filled up by B	IR) QNTY	FD	VOLU OM	JME TO	NO. OF PAGES	
•			OF BOOKS TO BE REGIS	O I LINED	(.o oc mica up by BIR)	. J oc med up by b	QNII		JIVI	10	TAGES	

Par	+ 11	Personal Exen	nntione	BIR Form No. 1901 (ENCS)-PAGE 2							
	Civil Status Single/Widow/Widower/Legally Separated (No deperment of the Family Single with qualified dependent Widow/Widower with qualified dependent Married	ndents)	rated with qualified dependen a qualified senior citizen (RA No									
	Claims for Additional Exemptions/ Premium Deductions for ht Husband claims additional exemption and any premi			me does not exceed P250 nal exemption and any pr),000.00 per annum.							
	Spouse Information Spouse Taxpayer Identification Number		Spouse Name									
	27A 0,0,	O 27B	Last Name	First Name	Middle News							
	Spouse Employer's Taxpayer Identification Number		Last Name Spouse Employer's Na	First Name ame	Middle Name							
	27C	27D ▶										
Par Sec 28			Exemptions ed Dependent Children									
	Names of Qualified Dependent Children		Middle Noore	Data of Disth	Manie if Manialle							
	Last Name First Name	e	Middle Name	Date of Birth	/ Physically							
29A	29B	29C		29D	29E							
30Ą	30B	30C		30D	30E							
31A	31B	31C		31D	31E							
32A	328	32C		32D	32E							
Sec	ction B Name of Qualified Dependent Other than Children				<u> </u>							
	Last Name First Name	e	Middle Name	Date of Birth (MM / DD / Y								
33A ▶	33B	33C		33D ▶	33E ▶							
	33F ► Relationship Parent	Brother	Sister	Qualified Senior Cit	izen							
Par		Employers (Mu	tiple Employments) Withir	n the Calendar Year								
34	 Type of multiple employments Successive employments (With previous employer(s 	s) within the calend	dar vear), 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)] Previous and Concurrent Employments During the Calendar Year											
	TIN		Name o	of Employer/s								
35	Declaration											
	I declare, under the penalties of periury, that this f and belief is true and correct, pursuant to the provisions of under authority thereof.											
	TA	XPAYER / AUTH (Signature over p										
Par			over Information	7								
	Taxpayer Identification Number			37 RDO Code (To be filled up by BIR)	 							
38 ►	Employer's Name (Last Name, First Name, Middle Name, if In	ndividual/ Registe	red Name, if non-Individuals)									
39	Employer's Business											
▶	Address Zip Code 41 Municipality Code 42	Effectivity Date		43 Date of Certification	1							
.	(To be filled ►		tion Information is applied)	(Date of certification								
44	Telephone Number	►(MN	I/ DD/ YYYY)	exemption information)	(MM/ DD/ YYYY)							
45	Declaration I declare, under the penalties of perjury, that this form me and to the best of my knowledge and belief, is true and co National Internal Revenue Code, as amended, and the regul	has been made in	n good faith, verified by the provisions of the	Stamp of BIR Receiving Office and Date of Receipt								
ΔΤΤ	EMPLOYER / AUTHORIZED AGENT (Signature over printed Name) (ACHMENTS: (Photocopy only)	Title / Posit	ion of Signatory	Attachments Complete? (To be filled up by BIR) Yes No								
	A. For Self-employed/ Professionals/ Mixed Income Individuals 1- Birth Certificate or any document showing name, address and birth date of the applicant B. For Trust -Trust Agreement	to be subm Certificate	if applicable, itted prior to the issuance of of Registration ath Certificate of the deceased	3- DTI Certificate of Registr to be submitted Certificate of Re	prior to the issuance of							
NOT	IE:											