

30 Relationship Start Date (MM/DD/YYYY) <input style="width:100%;" type="text"/>	31 Address Types <input type="checkbox"/> Residence <input type="checkbox"/> Place of Business <input type="checkbox"/> Employer Address			
32 Local Residence Address				
Unit/Room/Floor/Building#	Building Name/Tower	Lot/Block/Phase/House No.	Street Name	Subdivision/Village/Zone
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Barangay	Town/District	Municipality/City	Province	ZIP Code
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
33 Preferred Contact Type				
<input type="checkbox"/> Landline Number	<input type="checkbox"/> Fax Number	<input type="checkbox"/> Mobile Number	Email Address (required)	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	

Part IV – Business Information

34 Single Business Number <input style="width:100%;" type="text"/>				
35 Primary/Secondary Industries (Attach additional sheet/s, if necessary)				
Industry	Trade/Business Name	Regulatory Body		
Primary	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		
Secondary	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		
Industry	Business Registration Number	Business Registration Date (MM/DD/YYYY)	PSIC Code (To be filled up by BIR)	Line of Business
Primary	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Secondary	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
36 Incentives Details				
36A Investment Promotion (e.g. PEZA, BOI)	<input style="width:100%;" type="text"/>	36B Legal Basis (e.g. RA, EO)	<input style="width:100%;" type="text"/>	36C Incentive Granted (e.g. Exempt from IT, VAT, etc.) <input style="width:100%;" type="text"/>
36D No. of Years	<input style="width:100%;" type="text"/>	36E Incentive Start Date (MM/DD/YYYY)	<input style="width:100%;" type="text"/>	36F Incentive End Date (MM/DD/YYYY)
37 Details of Registration / Accreditation				
	FROM	TO		
37A Registration / Accreditation Number	<input style="width:100%;" type="text"/>	37B Effectivity Date (MM/DD/YYYY)	<input style="width:100%;" type="text"/>	37C Date Issued (MM/DD/YYYY)
37D Registered Activity	<input style="width:100%;" type="text"/>	37E Tax Regime (Regular, Special, Exempt)	<input style="width:100%;" type="text"/>	37F Activity Start Date (MM/DD/YYYY)
			37G Activity End Date (MM/DD/YYYY)	<input style="width:100%;" type="text"/>
38 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)				
38A Facility Code (To be filled up by BIR)	<input style="width:100%;" type="text"/>	38B Facility Type	<input type="checkbox"/> PP <input type="checkbox"/> SP <input type="checkbox"/> WH <input type="checkbox"/> SR <input type="checkbox"/> GG <input type="checkbox"/> BT <input type="checkbox"/> RP <input type="checkbox"/> Other (specify) <input style="width:100%;" type="text"/>	
38C Facility Address				
Unit/Room/Floor/Building#	Building Name/Tower	Lot/Block/Phase/House No.	Street Name	Subdivision/Village/Zone
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Barangay	Town/District	Municipality/City	Province	ZIP Code
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

Part V – Tax Type

39 Tax Types (this portion determines your tax liability/ies) (To be filled up by BIR)				
	Form Type	ATC		Form Type
<input type="checkbox"/> Withholding Tax			<input type="checkbox"/> Registration Fee	<input style="width:100%;" type="text"/>
<input type="checkbox"/> Compensation	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Percentage Tax	<input style="width:100%;" type="text"/>
<input type="checkbox"/> Expanded	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Stocks	<input style="width:100%;" type="text"/>
<input type="checkbox"/> Final	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Overseas Dispatch And Amusement Taxes	<input style="width:100%;" type="text"/>
<input type="checkbox"/> Fringe Benefits	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Under Special Laws	<input style="width:100%;" type="text"/>
<input type="checkbox"/> VAT & Other Percentage Percentage Tax	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Other Percentage Tax under NIRC (specify)	<input style="width:100%;" type="text"/>
<input type="checkbox"/> ONETT not subject to CGT	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>
<input type="checkbox"/> Percentage Tax on Winnings & Prizes	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Documentary Stamp Tax	
<input type="checkbox"/> On Interest Paid On Deposits And Yield on Deposits/Substitutes	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Regular	<input style="width:100%;" type="text"/>
<input type="checkbox"/> Income Tax	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> One-Time Transactions (ONETT)	<input style="width:100%;" type="text"/>
<input type="checkbox"/> Excise Tax			<input type="checkbox"/> Capital Gains – Real Property	<input style="width:100%;" type="text"/>
<input type="checkbox"/> Alcohol Products	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Capital Gains – Stocks	<input style="width:100%;" type="text"/>
<input type="checkbox"/> Automobile & Non-Essential Goods	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Donor's Tax	<input style="width:100%;" type="text"/>
<input type="checkbox"/> Cosmetics Procedures	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Estate Tax	<input style="width:100%;" type="text"/>
<input type="checkbox"/> Mineral Products	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Miscellaneous Tax (specify)	<input style="width:100%;" type="text"/>
<input type="checkbox"/> Petroleum Products	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>
<input type="checkbox"/> Sweetened Beverages	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Others (specify)	<input style="width:100%;" type="text"/>
<input type="checkbox"/> Tobacco Products	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>
<input type="checkbox"/> Tobacco Inspection Fees	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>

Part VI – Authority to Print

40 Authority to Print Receipts and Invoices

40A Printer's Name **40B** Printer's TIN

40C Printers Accreditation Number **40D** Date of Accreditation (MM/DD/YYYY)

40E Registered Address

Unit/Room/Floor/Building#	Building Name/Tower	Lot/Block/Phase/House No.	Street Name	Subdivision/Village/Zone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Barangay	Town/District	Municipality/City	Province	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

40F Contact Number **40G** E-mail Address

40H Manner of Receipt/Invoices Bound Loose Leaf Others

40I Descriptions of Receipts and Invoices *(Additional Sheet/s if Necessary)*

Description	TYPE		NO. OF BOXES/BOOKLETS		NO. OF SETS PER BOX / BOOKLET	NO. OF COPIES PER SET	SERIAL NO.	
	VAT	NON-VAT	LOOSE	BOUND			START	END
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part VII - For Employee with Two or More Employees (Multiple Employments) Within the Calendar Year

41 Type of Multiple Employments Successive employments *(With previous employer/s within the calendar year)* Concurrent employments *(With two or more employers at the same time with the calendar year)*

(If successive, enter previous employer/s; if concurrent, enter secondary employer/s)

Previous and Concurrent Employments During the Calendar Year

41A Name of Employer **41B** TIN of Employer

41C Name of Employer **41D** TIN of Employer

42 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 the authority thereof. Further, I give my consent to the processing of my information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

Taxpayer/Authorized Representative
(Signature over Printed Name)

Part VIII – Primary/Current Employer Information

43 Type of Registered Office Head Office Branch Office **44** TIN **45** RDO Code

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

If Non-Individual (Registered Name)

47 Employer Address

Unit/Room/Floor/Building#	Building Name/Tower	Lot/Block/Phase/House No.	Street Name	Subdivision/Village/Zone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Barangay	Town/District	Municipality/City	Province	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

48 Contact Details
Landline Number Fax Number Mobile Number Email Address (required)

49 Relationship Start Date (MM/DD/YYYY) **50** Municipality Code (To be filled up by BIR)

51 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. Further, I give my consent to the processing of my information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

EMPLOYER/AUTHORIZED REPRESENTATIVE Title/Position of Signatory
(Signature over Printed Name)

Stamp of BIR Receiving Office and Date of Receipt

Part IX – Payment Details

52 For the Year **53** Date of Payment (MM/DD/YYYY) **54** ATC **MC180**

55 Tax Type **RF** **56** Manner of Payment **REGISTRATION FEE** **57** Type of Payment **FULL PAYMENT**

58 Registration Fee **58A**

59 BIR Printed Receipts / Invoices **59A**

60 Add: Penalties Surcharge Interest Compromise

60A **60B** **60C** **60D**

61 Total Amount Payable (Sum of Items 58A, 59A and 60D)

*NOTE: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)

Documentary Requirements:

- 1. Any identification issued by an authorized government body (e.g. Birth Certificate, passport, driver's license, Community Tax Certificate) that shows the name, address and birthdate of the applicant;
- 2. 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 Professional Tax Receipt/Occupational Tax Receipt issued by the LGU;
- 3. Proof of Payment of Registration Fee (RF) (if with existing TIN or applicable after TIN issuance);
- 4. BIR Form No. 1906; (Select an Accredited Printer)
- 5. Final & clear sample of Principal Receipts/ Invoices;
Additional documents, if applicable:
 - a. Special Power of Attorney (SPA) and ID of authorized person, in case of authorized representative who will transact with the Bureau;
 - b. Franchise Documents (e.g. Certificate of Public Convenience) (for Common Carrier);
 - c. Photocopy of the Trust Agreement (for Trusts);
 - d. Photocopy of the Death Certificate of the deceased (for Estate under judicial settlement);
 - e. Certificate of Authority, if Barangay Micro Business Enterprises (BMBE) registered entity;
 - f. Proof of Registration/Permit to Operate BOI/BOIARMM, PEZA, BCDA and SBMA
- 6. In case of registration of branches/facility types:
 - a. 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 Professional Tax Receipt/Occupational Tax Receipt issued by the LGU; or DTI Certificate;
 - b. Special Power of Attorney (SPA) and ID of authorized person, in case of authorized representative who will transact with the Bureau; if applicable
 - c. Proof of Payment of Registration Fee (RF)
 - d. BIR Form No. 1906; (Select an Accredited Printer)
 - e. Final & clear sample of Principal Receipts/ Invoices;

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