

(To be filled up by BIR) DLN: _____



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Authority to Print Receipts and Invoices

BIR Form No.
1906
January 2018 (ENCS)

Fill in all applicable white spaces. Mark all appropriate boxes with an "X"

1 Taxpayer's Identification Number (TIN) <input style="width:100%; height: 20px;" type="text"/>	2 ATP APPLIED FOR <input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office	3 RDO Code <input style="width:100%; height: 20px;" type="text"/>
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4 Registered Name (Last Name, First Name, Middle Name for Individual)/(Registered Name for Non-Individual) <input style="width:100%; height: 20px;" type="text"/>

5 Trade/Business Name, if applicable <input style="width:100%; height: 20px;" type="text"/>

6 Business Address (Indicate applicable complete head or branch office address) <input style="width:100%; height: 20px;" type="text"/>	6A ZIP Code <input style="width:100%; height: 20px;" type="text"/>
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7 Contact Number <input style="width:100%; height: 20px;" type="text"/>	8 Email Address <input style="width:100%; height: 20px;" type="text"/>
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Accredited Printer's Details		
9 Printer's TIN <input style="width:100%; height: 20px;" type="text"/>	10 Printer's Accreditation Number <input style="width:100%; height: 20px;" type="text"/>	11 Date of Accreditation (MM/DD/YYYY) <input style="width:100%; height: 20px;" type="text"/>

12 Printer's Name (Last Name, First Name, Middle Name for Individual)/(Registered Name for Non-Individual) <input style="width:100%; height: 20px;" type="text"/>

13 Printer's Business Address (Indicate applicable complete head or branch office address) <input style="width:100%; height: 20px;" type="text"/>	13A ZIP Code <input style="width:100%; height: 20px;" type="text"/>
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14 Contact Number <input style="width:100%; height: 20px;" type="text"/>	15 Email Address <input style="width:100%; height: 20px;" type="text"/>
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16 Manner of Receipts/Invoices <input type="checkbox"/> Bound <input type="checkbox"/> Loose Leaf <input type="checkbox"/> Others
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17 Description of Receipts and Invoices (ATTACH 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>

B. For Secondary Receipts and Invoices								
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>

18 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 consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (RA No. 10173) for legitimate and lawful purposes.	Stamp of BIR Receiving Office and Date of Receipt Date of Release of Authority to Print <input style="width:100%; height: 20px;" type="text"/> (MM/DD/YYYY)
_____ TAXPAYER/AUTHORIZED REPRESENTATIVE (Signature over Printed Name)	_____ Title/Position of Signatory

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

ATTACHMENTS:

For Manual Bound Receipts/Invoices:

- Final and clear sample of Principal and Supplementary Receipts/Invoices; and
- Photocopy of last issued ATP or PCD; or any booklet from the last issued ATP for subsequent application.

For Manual Loose Leaf Receipts/Invoices:

- Permit to Use Loose-Leaf Official Receipts or Sales Invoices;
- Final and clear sample of Principal and Supplementary Receipts/Invoices; and
- Photocopy of last issued ATP or PCD; or any booklet from the last issued ATP for subsequent application.

Only the head office shall file the "Application for Authority to Print Receipts and Invoices (ATP)". One (1) application should be filed and one (1) permit should be issued for every establishment (head office or each branch). The data that should appear in the ATP are the data pertaining to the establishment that will use the receipts/invoices.