



Application for Registration

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

TIN to be issued, if applicable (To be filled out by BIR)

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

1 Registering Office <input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office <input type="checkbox"/> Facility	2 BIR Registration Date (To be filled out by BIR)(MM/DD/YYYY)	3 PhilSys Card Number (PCN)
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Part I – Taxpayer Information

4 Taxpayer Identification Number (TIN) (For Taxpayer with Existing TIN)	5 RDO Code (To be filled out by BIR)
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6 Taxpayer Type

<input type="checkbox"/> Single Proprietorship Only (Resident Citizen)	<input type="checkbox"/> Mixed Income Earner – Compensation Income Earner & Professional
<input type="checkbox"/> Resident Alien – Single Proprietorship	<input type="checkbox"/> Mixed Income Earner – Compensation Income Earner, Single Proprietorship & Professional
<input type="checkbox"/> Resident Alien - Professional	<input type="checkbox"/> Non-Resident Alien Engaged in Trade/Business
<input type="checkbox"/> Professional – Licensed (PRC, IBP)	<input type="checkbox"/> Estate – Filipino Citizen
<input type="checkbox"/> Professional – In General	<input type="checkbox"/> Estate – Foreign National
<input type="checkbox"/> Professional and Single Proprietor	<input type="checkbox"/> Trust – Filipino Citizen
<input type="checkbox"/> Mixed Income Earner – Compensation Income Earner & Single Proprietor	<input type="checkbox"/> Trust – Foreign National

7 Taxpayer's Name (Last Name) (First Name) (Middle Name) (Suffix) (Nickname)

(If ESTATE, ESTATE of First Name, Middle Name, Last Name, Suffix) (If TRUST, FAO: First Name, Middle Name, Last Name, Suffix)

8 Gender Male Female **9 Civil Status** Single Married Widow/er Legally Separated

10 Date of Birth/Organization (In case of Estate/Trust) (MM/DD/YYYY) **11 Place of Birth** (if applicable)

12 Mother's Maiden Name **13 Father's Name**

14 Citizenship **15 Other Citizenship**

16 Local Residence Address

Unit/Room/Floor/Building No. Building Name/Tower Lot/Block/Phase/House No. Street Name Subdivision/Village/Zone

Barangay Town/District Municipality/City Province ZIP Code

17 Business Address

Unit/Room/Floor/Building No. Building Name/Tower Lot/Block/Phase/House No. Street Name Subdivision/Village/Zone

Barangay Town/District Municipality/City Province ZIP Code

18 Foreign Address

19 Municipality Code (To be filled out by BIR) **20 Purpose of TIN Application**

21 Identification Details [government issued ID (e.g., passport, driver's license, company ID, etc.)]

Type ID Number Effectivity Date (MM/DD/YYYY) Expiry Date (MM/DD/YYYY) Issuer Place/Country of Issue

22 Preferred Contact Type

Landline Number Fax Number Mobile Number Email Address (required)

23 Are you availing of the 8% income tax rate option in lieu of graduated income tax rates? Yes No

Part II – Spouse Information

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

25 Spouse Name (Last Name, First Name, Middle Name, Suffix) **26 Spouse TIN**

27 Spouse Employer's Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual Registered Name)(Attach additional sheet/s, if necessary) **28 Spouse Employer's TIN**

Part III – Authorized Representative

29 Relationship Name (For Authorized Representative)

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

If Non-Individual (Registered Name)

30 Relationship Date (MM/DD/YYYY) **31 Address Type** Residence Place of Business Employer Address

32 Address

Unit/Room/Floor/Building No.	Building Name/Tower	Lot/Block/Phase/House No.	Street Name	Subdivision/Village/Zone
Barangay	Town/District	Municipality/City	Province	ZIP Code

33 Preferred Contact Type

Landline Number
 Fax Number
 Mobile Number
 Email Address (required)

Part IV – Business Information

34 Single Business Number/Philippine Business Number

35 Primary/Secondary Industries (attach additional sheet/s, if necessary)

Industry	Trade/Business Name	Regulatory Body
Primary		
Secondary		

Industry	Business Registration Number	Business Registration Date (MM/DD/YYYY)	PSIC Code (To be filled out by BIR)	Line of Business
Primary				
Secondary				

36 Incentives Details

36A Investment Promotion (e.g., PEZA, BOI)
 36B Legal Basis (e.g., R.A., E.O.)
 36C Incentive Granted (e.g., Exempt from IT, VAT, etc.)

36D No. of Years
 36E Incentive Start Date (MM/DD/YYYY)
 36F Incentive End Date (MM/DD/YYYY)

37 Details of Registration/Accreditation

37A Registration/Accreditation Number
 37B Effectivity Date (MM/DD/YYYY) FROM TO
 37C Date Issued (MM/DD/YYYY)

37D Registered Activity
 37E Tax Regime (Regular, Special, Exempt)
 37F Activity Start Date (MM/DD/YYYY)
 37G Activity End Date (MM/DD/YYYY)

Part V – Facility Details

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 out by BIR)
 38B Facility Type

PP
 SP
 WH
 SR
 GG
 BT
 RP
 Others (specify)

38C Facility Address

Unit/Room/Floor/Building No.	Building Name/Tower	Lot/Block/Phase/House No.	Street Name	Subdivision/Village/Zone
Barangay	Town/District	Municipality/City	Province	ZIP Code

Part VI – Tax Types

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

Form Type	ATC	Form Type	ATC
Income Tax		<input type="checkbox"/> Registration Fee	
<input type="checkbox"/> Individual Income Tax		<input type="checkbox"/> Value-Added Tax	
<input type="checkbox"/> Capital Gains – Real Property		Excise Tax	
<input type="checkbox"/> Capital Gains – Stocks		<input type="checkbox"/> Alcohol Products	
Withholding Tax		<input type="checkbox"/> Automobile & Non-Essential Goods	
<input type="checkbox"/> Compensation		<input type="checkbox"/> Cosmetic Procedures	
<input type="checkbox"/> Expanded		<input type="checkbox"/> Mineral Products	
<input type="checkbox"/> Final		<input type="checkbox"/> Petroleum Products	
<input type="checkbox"/> Fringe Benefits		<input type="checkbox"/> Sweetened Beverages	
<input type="checkbox"/> Value-Added Tax		<input type="checkbox"/> Tobacco Products	
<input type="checkbox"/> Other Percentage Tax		<input type="checkbox"/> Tobacco Inspection & Monitoring Fees	
<input type="checkbox"/> ONETT not subject to CGT		<input type="checkbox"/> Vapor Products	
<input type="checkbox"/> Percentage Tax on Winnings & Prizes		Documentary Stamp Tax (DST)	
<input type="checkbox"/> On Interest Paid on Deposits and Yield on Deposits/Substitutes		<input type="checkbox"/> Regular	
Percentage Tax		<input type="checkbox"/> One-Time Transactions (ONETT)	
<input type="checkbox"/> Stocks		Transfer Tax	
<input type="checkbox"/> Stocks-Initial Public Offering (IPO)		<input type="checkbox"/> Donor's Tax	
<input type="checkbox"/> Overseas Dispatch And Amusement Taxes		<input type="checkbox"/> Estate Tax	
<input type="checkbox"/> Under Special Laws		Miscellaneous Tax (specify)	
<input type="checkbox"/> Other Percentage Taxes under NIRC (specify)			
		Others (specify)	

Part VII – Receipts and Invoices

40 BIR Printed Receipts and Invoices

40A Do you intend to use BIR Printed Receipts and Invoices? <input type="checkbox"/> Yes <input type="checkbox"/> No	40B Type <input type="checkbox"/> VAT <input type="checkbox"/> NON-VAT	40C No. of Booklets <input style="width:100%;" type="text"/>	40D Serial Number Start <input style="width:100%;" type="text"/> End <input style="width:100%;" type="text"/>
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41 Authority to Print Receipts and Invoices

41A Printer's Name <input style="width:100%;" type="text"/>				
41B Printer's TIN <input style="width:100%;" type="text"/>		41C Printer's Accreditation Number <input style="width:100%;" type="text"/>		41D Date of Accreditation (MM/DD/YYYY) <input style="width:100%;" type="text"/>
41E Registered Address				
Unit/Room/Floor/Building No. <input style="width:100%;" type="text"/>	Building Name/Tower <input style="width:100%;" type="text"/>	Lot/Block/Phase/House No. <input style="width:100%;" type="text"/>	Street Name <input style="width:100%;" type="text"/>	Subdivision/Village/Zone <input style="width:100%;" type="text"/>
Barangay <input style="width:100%;" type="text"/>	Town/District <input style="width:100%;" type="text"/>	Municipality/City <input style="width:100%;" type="text"/>	Province <input style="width:100%;" type="text"/>	ZIP Code <input style="width:100%;" type="text"/>

41F Contact Number (Landline/Cellphone No.) <input style="width:100%;" type="text"/>	41G Email Address <input style="width:100%;" type="text"/>
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41H Type of Receipt/Invoice Bound Loose Leaf

41I Description of Primary/Secondary Receipts and Invoices (Attach additional sheet/s, if necessary)

Description	TYPE		No. of Boxes/Booklets		No. of Sets per Box/Booklet	Serial No.		No. of Copies per Set
	VAT	Non-VAT	Loose	Bound		Start	End	
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						

Part VIII – For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year

42 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 within the calendar year)

(If successive, enter previous employer/s; if concurrent, enter secondary employer/s) (Attach additional sheet/s, if necessary)

42A Name of Employer <input type="checkbox"/> Primary Employer <input style="width:100%;" type="text"/>	42B TIN of Employer <input style="width:100%;" type="text"/>
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42C Name of Employer <input type="checkbox"/> Primary Employer <input style="width:100%;" type="text"/>	42D TIN of Employer <input style="width:100%;" type="text"/>
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Primary/Current Employer Information

43 Relationship Start Date (MM/DD/YYYY) <input style="width:100%;" type="text"/>	44 Contact Type			45 Declaration
	<input type="checkbox"/> Landline Number <input style="width:100%;" type="text"/>	<input type="checkbox"/> Fax Number <input style="width:100%;" type="text"/>	<input type="checkbox"/> Mobile Number <input style="width:100%;" type="text"/>	Receiving Office and Date of Receipt
	Email Address (required) <input style="width:100%;" type="text"/>			

45 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 IX – Payment Order Form for New Business Registrant

(For BIR Payment Acceptance Only. Not to be filed in AABs)

BIR Form No. 0605 <i>(Part of BIR Form No. 1901)</i>	46 Taxpayer's Identification Number (TIN) <input style="width:100%;" type="text"/>	Branch Code <input style="width:100%;" type="text"/>	47 RDO Code <input style="width:100%;" type="text"/>	48 For the Year <input style="width:100%;" type="text"/>
	49 Taxpayer's Name <input style="width:100%;" type="text"/>			

Payment Details (To be filled out by BIR-Revenue Collection Officer)

50 Date of Payment (MM/DD/YYYY) <input style="width:100%;" type="text"/>				
51	eROR/ROR No.	ATC	Particulars	51A
		MC180	Registration Fee	
52		MC200	BIR Printed Receipts / Invoices	52A
53	Add: Penalties	Surcharge	Interest	Compromise
	53A	53B	53C	53D
54	Total Amount Payable (Sum of Items 56A, 57A and 58D)			54A

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

(Please sign at the back.)

Documentary Requirements:

- 1. For Sole Proprietor/Professionals not regulated by the Professional Regulation Commission (PRC):
 - Any government-issued ID (e.g., Birth Certificate, passport, driver's license, Community Tax Certificate, PhilID) that shows the name, address and birthdate of the applicant. In case the ID has no address, any proof of residence or business address; (1 photocopy) or
 In case of the practice of profession regulated by PRC:
 - Valid PRC ID and government ID showing address or proof of residence or business address. (1 photocopy)

Note: IDs shall be presented and should be readable, untampered and contains consistent information with the documents submitted upon application.

- 2. BIR Printed Receipt/Invoice (Available for sale at the New Business Registrant Counter); or
 - Final and clear sample of OWN Principal Receipts/Invoices. (1 original) (Sample layout is also available at the New Business Registrant Counter)

Note: In case taxpayer-applicant will opt to print its own receipts/invoices, taxpayer-applicant should choose an Accredited Printer who will print the receipts/invoices.

- 3. Payment of P530.00, if applicable, for the following:
 - P500.00 Annual Registration Fee (RF);
 - P30.00 Loose Stamp/s (DST) to be affixed on the Certificate of Registration.

Note: If the Registration Fee of P500.00 was already paid, the proof of payment (1 photocopy) shall be submitted.

Additional documents, if applicable:

- 1. If transacting through a Representative:
 - 1.1 Special Power of Attorney (SPA); (1 original)
 - 1.2 Any government-issued ID of the taxpayer and authorized representative; (1 photocopy)
- 2. DTI Certificate (if **with** business name); (1 photocopy)
- 3. Work Visa (9g) for Foreign Nationals; (1 photocopy)
- 4. Franchise Documents (e.g., Certificate of Public Convenience) (for Common Carrier); (1 photocopy)
- 5. Trust Agreement (for Trusts); (1 photocopy)
- 6. Death Certificate of the deceased (for Estate under judicial settlement); (1 photocopy)
- 7. Certificate of Authority, if Barangay Micro Business Enterprises (BMBE) registered entity; (1 photocopy)
- 8. Proof of Registration/Permit to Operate BOI/BOI-ARMM, PEZA, BCDA, TIEZA/TEZA, SBMA, etc. (1 photocopy)

BRANCH AND FACILITY

REGISTRATION OF BRANCH

- 1. BIR Printed Receipt/Invoice (Available for sale at the New Business Registrant Counter); or
 - Final and clear sample of OWN Principal Receipts/Invoices. (1 original) (Sample layout is also available at the New Business Registrant Counter)

Note: In case taxpayer-applicant will opt to print its own receipts/invoices, taxpayer-applicant should choose an Accredited Printer who will print the receipts/invoices.

- 2. Payment of P530.00, if applicable, for the following:
 - P500.00 Annual Registration Fee (RF);
 - P30.00 Loose Stamp/s (DST) to be affixed on the Certificate of Registration.

Note: If the Registration Fee of P500.00 was already paid, the proof of payment (1 photocopy) shall be submitted.

REGISTRATION OF FACILITY

- 1. BIR Form No. 1901. (2 originals)

ADDITIONAL DOCUMENTS FOR BRANCH/FACILITY, IF APPLICABLE:

- 1. If transacting through a Representative:
 - 1.1 Special Power of Attorney (SPA); (1 original)
 - 1.2 Any government-issued ID of the taxpayer and authorized representative; (1 photocopy)
- 2. DTI Certificate (if with business name); (1 photocopy) (for Branch only)
- 3. Franchise Documents (e.g., Certificate of Public Convenience) (for Common Carrier); (1 photocopy) (for Branch only)
- 4. Franchise Agreement; (1 photocopy) (for Branch only)
- 5. Memorandum of Agreement (for JOINT VENTURE); (1 photocopy) (for Branch only)
- 6. Certificate of Authority, if Barangay Micro Business Enterprises (BMBE) registered entity; (1 photocopy) (for Branch only)
- 7. Proof of Registration/Permit to Operate BOI/BOI-ARMM, PEZA, BCDA, TIEZA/TEZA, SBMA, etc. (1 photocopy) (for Branch only)

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

For Voluntary Payment

Stamp of BIR Receiving Office and Date of Receipt

I declare, under the penalties of perjury that this document 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.

Signature over Printed Name of Taxpayer/Authorized Representative

Title/Position of Signatory