



|   |   |  |  |  |
|---|---|--|--|--|
| <b>30 Relationship Start Date</b> (MM/DD/YYYY) <input style="width:100%;" type="text"/> | <b>31 Address Types</b> <input type="checkbox"/> Residence <input type="checkbox"/> Place of Business <input type="checkbox"/> Employer Address |  |  |  |
| <b>32 Local Residence Address</b>   |   |  |  |  |
| 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"/> |
| <b>33 Preferred Contact Type</b>  |   |  |  |  |
| <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**

|   |  |  |   |  |
|---|--|--|---|--|
| <b>34 Single Business Number</b> <input style="width:100%;" type="text"/>   |  |  |   |  |
| <b>35 Primary/Secondary Industries</b> (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"/>   |
| <b>36 Incentives Details</b>  |  |  |   |  |
| <b>36A Investment Promotion</b> (e.g. PEZA, BOI)  | <input style="width:100%;" type="text"/> | <b>36B Legal Basis</b> (e.g. RA, EO)             | <input style="width:100%;" type="text"/>  | <b>36C Incentive Granted</b> (e.g. Exempt from IT, VAT, etc.) <input style="width:100%;" type="text"/> |
| <b>36D No. of Years</b>   | <input style="width:100%;" type="text"/> | <b>36E Incentive Start Date</b> (MM/DD/YYYY)     | <input style="width:100%;" type="text"/>  | <b>36F Incentive End Date</b> (MM/DD/YYYY)   |
|   |  |  |   |  |
| <b>37 Details of Registration / Accreditation</b>   |  |  |   |  |
|   | FROM                                     |  | TO  |  |
| <b>37A Registration / Accreditation Number</b>  | <input style="width:100%;" type="text"/> | <b>37B Effectivity Date</b> (MM/DD/YYYY)         | <input style="width:100%;" type="text"/>  | <b>37C Date Issued</b> (MM/DD/YYYY)  |
|   |  |  |   |  |
| <b>37D Registered Activity</b>  | <input style="width:100%;" type="text"/> | <b>37E Tax Regime</b> (Regular, Special, Exempt) | <input style="width:100%;" type="text"/>  | <b>37F Activity Start Date</b> (MM/DD/YYYY)  |
|   |  |  |   |  |
|   |  |  | <b>37G Activity End Date</b> (MM/DD/YYYY)   | <input style="width:100%;" type="text"/>   |
|   |  |  |   |  |
| <b>38 Facility Details</b> (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) |  |  |   |  |
| <b>38A Facility Code</b> (To be filled up by BIR)   | <input type="checkbox"/> F               | <b>38B Facility Type</b>                         | <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"/> |  |
| <b>38C Facility Address</b>   |  |  |   |  |
| 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**

|   |  |  |  |  |
|---|--|--|--|--|
| <b>39 Tax Types</b> (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

Barangay  Town/District  Municipality/City  Province  ZIP Code

**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

Barangay  Town/District  Municipality/City  Province  ZIP Code

**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**