

(To be filled up by BIR) DLN:

[NOTE: This form shall be used in RDOs with eTIS-1 only]



Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

# Application for Registration

BIR Form No.  
**1904**  
November 2014 (ENCS)

For One-time Taxpayer / Person Registering under E.O. 98  
and Foreign Nationals

TIN to be issued, if applicable (To be filled up by BIR) 0,0,0,0,0

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

**Part I Taxpayer Information**

1 Taxpayer Type:  E.O. 98 - Filipino Citizen,  E.O. 98 - Foreign National,  ONETT - Filipino Citizen,  ONETT - Foreign National,  Non-Resident Foreign Corporation,  Non-Resident Foreign Partnership

2 BIR Registration Date (MM/DD/YYYY) (To be filled up by BIR)

3 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN) 0,0,0,0,0

4 RDO Code (To be filled up by BIR)

5 Taxpayer's Name (If Individual) (Last Name, First Name, Middle Name, Suffix, Nickname)  
(If Non-Individual, Registered Name) (If ESTATE, ESTATE of First Name, Middle Name, Last Name) (If TRUST, FAO First Name, Middle Name, Last Name)

6 Gender  Male  Female, 7 Date Of Birth/Organization Date (MM/DD/YYYY), 8 Place of Birth

9 Mother's Maiden Name, 10 Father's Name

11 Citizenship, 12 Other Citizenship

13 Identification Details (e.g. passport, government issued ID, company ID, etc.)  
Type, Number, Effective Date (MM/DD/YYYY), Expiry Date (MM/DD/YYYY), Issuer, Place/Country of Issue

14 Preferred Contact Type:  Phone Number,  Mobile Number,  Fax Number,  Email Address (required)

15 Local Address: Lot#/Blk#/Phase/House#/Unit/Room/Floor/Bldg.#/Sub Street, Building Name/Street Name/Subdivision/Village Zone, Province, Municipality/City/District, Barangay, ZIP Code

16 Foreign Address

17 Foreign TIN (if any), 18 Date of Arrival in the Philippines (MM/DD/YYYY)

19 Municipality Code (To be filled up by BIR), 20 Civil Status  Single  Married  Widower  Legally Separated

21 Claiming for Additional Exemptions?  Yes  No, 22 If yes, enter number of Qualified Dependent Children (Enter information about children in Table 1)

23 Spouse Name (Last Name, First Name, Middle Name, Suffix), 24 Spouse TIN 0,0,0,0,0

**Part II Transaction Details**

25 Purpose of Registration:

<input type="checkbox"/> Dealing with Banks	<input type="checkbox"/> Transfer of Properties by Succession (Death)
<input type="checkbox"/> Dealing with Government Agency/ies	<input type="checkbox"/> Sale, Assignment and/or Disposal of Real property(ies) classified as Capital Asset
<input type="checkbox"/> Donation of Properties	<input type="checkbox"/> Sale, Assignment and/or Disposal of Real property(ies) classified as Ordinary Asset
<input type="checkbox"/> Dividends/Interest Transaction	<input type="checkbox"/> Sale, Assignment and/or Disposal of Shares of Stocks
<input type="checkbox"/> Royalties Transaction	<input type="checkbox"/> Others (Specify)

26 Tax Types (this portion determines your tax liability/ies)

<input type="checkbox"/> Withholding Tax	<input type="checkbox"/> Capital Gains Tax - Real Property	<input type="checkbox"/> Capital Gains Tax - Stocks	<input type="checkbox"/> Documentary Stamp Tax	<input type="checkbox"/> Donor's Tax	<input type="checkbox"/> Estate Tax	<input type="checkbox"/> Non-Taxable (under EO 98)	<input type="checkbox"/> Miscellaneous Tax (Specify)	<input type="checkbox"/> Others (Specify)
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FORM TYPE (To be accomplished by the BIR) and ATC columns with input boxes.

Part III Withholding Agent/Accredited Tax Agent Information					
<b>27 Withholding Agent/Accredited Tax Agent's Name</b> (If Individual) (Last Name) (First Name) (Middle Name) (Suffix) <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> (If Non-individual, Registered Name) <input style="width: 100%; height: 20px;" type="text"/>					
<b>28 Taxpayer Identification Number (TIN)</b> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/>				<b>29 RDO Code</b> <input style="width: 20%; height: 20px;" type="text"/>	
<b>30 Local Address</b> <input style="width: 100%; height: 20px;" type="text"/> <small>Lot#/Bldg#/Phase/House#/Unit/Room/Floor/Bldg.#/Sub Street</small> <input style="width: 100%; height: 20px;" type="text"/> <small>Building Name/Street Name/Subdivision/Village Zone</small> <input style="width: 100%; height: 20px;" type="text"/> <small>Province</small> <input style="width: 100%; height: 20px;" type="text"/> <small>Municipality/City/District</small> <input style="width: 100%; height: 20px;" type="text"/> <small>Barangay</small> <input style="width: 100%; height: 20px;" type="text"/> <small>ZIP Code</small> <input style="width: 100%; height: 20px;" type="text"/>					
<b>31 Preferred Contact Type</b> <input type="checkbox"/> Phone Number <input type="checkbox"/> Mobile Number <input type="checkbox"/> Fax Number <input type="checkbox"/> Email Address (required) <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/>					
TABLE 1 - Qualified Dependent Children					
<b>32 Name of Qualified Dependent Children</b> <small>refers to a legitimate, illegitimate, or legally adopted child chiefly dependent upon and living with the taxpayer, not more than 21 years of age, unmarried and not gainfully employed; or regardless of age, is incapable of self-support due to mental or physical defect.</small>					
Last Name	First Name	Middle Name	Suffix	Date of Birth (MM/DD/YYYY)	Mark if mentally, physically incapacitated
32A	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/>
32B	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/>
32C	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/>
32D	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/>
<b>33 Declaration</b> 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.					
_____ Taxpayer/Authorized Representative (Signature over Printed Name)					

**DOCUMENTARY REQUIREMENTS:**

- A. For Individual - Any identification issued by an authorized government body (e.g. passport) that shows the name, address and birthdate of the applicant
- B. For Non-Individual - Any official document (e.g. Articles of Incorporation, Certificate of Residency) issued by an authorized government body (e.g. government agency - tax authority) that shows the name of the non-individual and the address of its principal office
- C. Additional Attachments, (if applicable):
  - Deed of Sale/Deed of Assignment/Mortgage Document, whichever is applicable in case of sale, assignment, mortgage, purchase and/or disposal of shares of stocks and/or real estate properties
  - Deed of Donation for donation of properties or transfer by gratuitous title
  - Transfer of properties by succession:
    - Deed of Extrajudicial Settlement of the Estate/Judicial Settlement of Estate
    - Death certificate of the decedent
  - Cash Invoice or Official Receipt for brand new vehicles in case of claim of winnings involving personal properties subject to registration
  - Deed of Sale or COR with LTC, in the case of a sale of second-hand vehicle
  - Certification from Awarding Company/Person in case of Claim of Winnings