(To be filled out by BIR) DLN:	
LLO DE IIIEG OGL DV BIRT DEN.	

To the second se	Republic of the Philippines Department of Finance Bureau of Internal Revenu
--	---

## Application for Registration

For Self-Employed, Single Proprietor/Professional, Allen Engaged in TradeRulation, No.Relation Allen Engaged in TradeRulation Engaged in T	Department of Finance Bureau of Internal Revenue	January 2024(ENCS) P1
Engaged in TradeRoutiness, Estate and Trust  Till No be issued, if applicable (70 be filled out by BIR)  If No light and applicable white spaces, Mark at a perportise boxies with an "Y."  1 Registering Office    Part I - Taxpayer   10		
Resident Man - Engrer Street (CRIN)   Parally   Parall   Taxyayer Information   Parally   Parall   Taxyayer Information   Parally   Parall   Parally   Par	Engaged in Trade/Business, Estate and Trust	TIN to be issued, if applicable (To be filled out by BIR)
Need Office   Board Office   Facility   (fits to this pack to the State   Board Office   Facility   Transpayer   Information		2 PhilCya Card Number (DCN)
Part 1 - Taxpayer Information    Part 1 - Taxpayer Information   Part 1 - Part 2 - Part 1 - Part 1 - Part 1 - Part 1 - Part 2 - Part 1 - Part 1 - Part 1 - Part 1 - Part 2 - Part 1 - Part 2 - Part 1 - Part 1 - Part 2 - Part 2 - Part 2 - Part	(To be filled out by BIR)(MM/DD	
4 Tapapper Identification Number (TIN)	Head Office Branch Office Facility	
For Tanapure rans exercing 100		
6 Tatapyer Type Single Proprietably Orly Resident Clizen) Resident Allen - Single Proprietably Resident Allen - Foreign National Resident Allen - Professional and Single Proprietably Resident Allen - Resident Allen - Resident Re		0 0 0 0 0
Resident Alan - Single Proprietorship & Professional   Non-Resident Alan Engaged in Tacke Business   Professional - Lorented (PRC), BP   Estatus -		(10 be miled out by Birly)
7 Taxpayer's Name (Lost Name) (Fisch Name) (Fisch Name) (Middle Name) (Suffix) (Nickramo) (IESTATE CSTATE of First Name, Middle Name, Last Name, Suffix) (IESTATE CSTATE of First Name, Middle Name, Last Name, Suffix) (IESTATE CSTATE of First Name, Middle Name, Last Name, Suffix) (IESTATE CSTATE of First Name, Last Name, Suffix) (IESTATE CSTATE of First Name) (IESTATE CSTATE OF FIRSTATE	Resident Alien – Single Proprietorship  Resident Alien – Professional  Professional – Licensed (PRC, IBP)  Professional – In General  Professional and Single Proprietor  Mixed  Non-R  Estate  Professional – Licensed (PRC, IBP)  Trust	Income Earner – Compensation Income Earner, Single Proprietorship & Professional Resident Alien Engaged in Trade/Business e – Filipino Citizen e – Foreign National – Filipino Citizen
### Restate Estate of First Name, Middle Name, Last Name, Sulfu) ### TRUST, FAC First Name, Medide Name, Last Name, Sulfu)  ### Restate Of First Name    10 Date of Estath/Tust)		– Foreign National
10 Date of Birth/Organization (in case of Estate/Trust) 12 Nother's Maiden Name 13 Father's Name 14 Citizenship 15 Other Citizenship 15 Other Citizenship 15 Other Citizenship 17 Business Address 18 Barangay Town District Municipality/City Province ZiP Code 18 Barangay Town District Municipality/City Province ZiP Code 18 Foreign Address 19 Municipality Code 18 Foreign Address 19 Municipality Code 19 Municipality Code 10 Number Effectivity Date (MMDD/YYYY) Issuer Practical Florid (Number Effectivity) Date (MMDD/YYYY) Issuer Practical Florid (Number Effec		
10 Date of Birth/Organization (in case of Estate/Trast) 11 Place of Birth (if applicable) 12 Nother's Marken 14 Citizenship 15 Other Citizenship 15 Other Citizenship 15 Other Citizenship 15 Other Citizenship 16 Local Residence Address Unificant Photobilating No. Birth P	8 Gender Male Female 9 Civil Status Single	Married Widow/er Legally Separated
13 Father's Name 14 Citizenship 15 Other Citizenship 16 Local Residence Address UnderGoon-Evoorbishing No.  Barangay Town/District Municipality/City Province ZiP Code  17 Business Address UnderGoon-Evoorbishing No.  Barangay Town/District Municipality/City Province ZiP Code  18 Foreign Address  19 Municipality Code Town/District Town/District Municipality/City Province ZiP Code  18 Foreign Address  19 Municipality Code Town/District Town/District Municipality Code Town/District Municipality City Province Town/Distr	10 Date of Birth/Organization (In case of Estate/Trust)	<b>3</b>
14 Citizenship 16 Local Residence Address IntitRoomFoorBuilding No. Building Name/Tower Lot/Block/Phase/House No. Street Name Subdivision/Village/Zone    Province   ZIP Code	(MM/DD/YYYY)	
17 Business Address Untification Flooribuiding No.  Bailding Name/Tower  Lot/Block/Phase/House No.  Street Name  Subdivision/Village/Zone  17 Business Address Untification Flooribuiding No.  Barangay  Town/District  Municipality/City  Province  ZIP Code  Town/District  Municipality/City  Province  ZIP Code  Town/District  Municipality/City  Province  ZIP Code  Town/District  Address  Untification Details (government issued ID (e.g., passport, driver's license, company ID, etc.))  Type  Identification Details (government issued ID (e.g., passport, driver's license, company ID, etc.))  Type  Identification Details (government issued ID (e.g., passport, driver's license, company ID, etc.))  Expiry Date (MMDD/YYYY)  Issuer  Piece/Country of Issue  22 Preferred Contact Type  Laddille Number  Fax Number  Mobile Number  Fax Number  Mobile Number  Fax Number  Mobile Number  Fax Number  Medium – GS is Twenty Million Pesos (#20M) to Less than One Billion Pesos (#3M)  Micro – GS is less than Three Million Pesos (#3M) to less than 2D Million Pesos (#20M)  Small - GS is Time Million Pesos (#3M) to less than 2D Million Pesos (#20M)  Small - GS is Time Million Pesos (#3M) to less than 2D Million Pesos (#20M)  Z5 Employment Status of Spouse  Unemployed  Employed Locally  Employed Abroad  Engaged in Business/Practice of Profession  24 Spouse Employer's Name (#individual, Last Name, First Name, Middle Name, Suffix) (#Non-Individual Registered Name)(Attach additional sheets; if necessary)  Part IV – Authorized Representative  If Individual (*Last Name)  (*Kiickname)  (*Kiickname)		
### District   Building Name/Tower   Lot/Block/Phase/House No.   Street Name   Subdivision/Village/Zone   ### Barangay   Town/District   Municipality/City   Province   ZIP Code   ### Barangay   Town/District   Municipalit	•	r Citizensnip
Uniffoom/Floor/Building No. Building Name/Tower Lof/Block/Phase/House No. Street Name Subdivision/Village/Zone  Barangay Town/District Municipality/City Province ZIP Code  18 Foreign Address  19 Municipality Code Crobe filled aut by BR/I  21 Identification Details (government issued ID (e.g., passport, driver's lienase, company ID, etc.))  Effectivity Date (MM/DD/YYY) Expiry Date (MM/DD/YYYY) Issuer Place/Country of Issue  22 Preferred Contact Type Landine 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 - Taxpayer Classification  24 How much is your expected Annual Gross Sales (GS)?  Midro - GS is less than Three Million Pesos (R3M) Medium - GS is Twenty Million Pesos (R20M) to Less than One Billion Pesos (R1B)  Small - GS is Three Million Pesos (R3M) Last Name, Email Address (repuired)  25 Employment Status of Spouse Unemployed Pemployed Pemploy	Unit/Room/Floor/Building No. Building Name/Tower Lot/Block/Phase/House No.	
20 Purpose of TIN Application 21 Identification Details (government issued ID (e.g., passport, driver's license, company ID, etc.)) 22 Preferred Contact Type    Landline Number   Fax Number   Mobile Number   Email Address (required)	Unit/Room/Floor/Building No. Building Name/Tower Lot/Block/Phase/House No.	
20 Purpose of TIN Application 21 Identification Details (government issued ID (e.g., passport, driver's license, company ID, etc.)) 22 Preferred Contact Type    Landline Number   Fax Number   Mobile Number   Email Address (required)		
21 Identification Details (government issued ID (e.g., passport, driver's license, company ID, etc.)] Type   D 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 – Taxpayer Classification  24 How much is your expected Annual Gross Sales (GS)? Micro – GS is less than Three Million Pesos (P3M) Medium – GS is Twenty Million Pesos (P20M) to Less than One Billion Pesos (P1B) Small - GS is Three Million Pesos (P3M) Less than 20 Million Pesos (P20M) Large – GS is One Billion Pesos (P1B) and above  Part III – Spouse Information  25 Employment Status of Spouse Unemployed Employed Locally Employed Abroad Engaged in Business/Practice of Profession  26 Spouse Name (Last Name, First Name, Middle Name, Suffix) (If Non-Individual Registered Name)/Attach additional sheet/s. if necessary)  Part IV – Authorized Representative  If Individual (Last Name) (First Name) (First Name) (Middle Name) (Suffix) (Nickname)  (Middle Name) (Suffix) (Nickname)	(To be filled out by BIR)	
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 - Taxpayer Classification  24 How much is your expected Annual Gross Sales (GS)?  Micro - GS is less than Three Million Pesos (#3M) Medium - GS is Twenty Million Pesos (#20M) to Less than One Billion Pesos (#1B)  Small - GS is Three Million Pesos (#3M) to less than 20 Million Pesos (#20M)) Large - GS is One Billion Pesos (#1B) and above  Part III - Spouse Information  25 Employment Status of Spouse Unemployed Employed Locally Employed Abroad Engaged in Business/Practice of Profession  26 Spouse Name (Last Name, First Name, Middle Name, Suffix)  27 Spouse TIN  29 Spouse Employer's TIN  Part IV - Authorized Representative  If Individual (Last Name) (First Name) (Middle Name) (Suffix) (Nickname)  If Individual (Last Name) (First Name) (Kirchname) (Suffix) (Nickname)	Type ID Number Effectivity Date (MM/DD/YYYY) E	
Part II – Taxpayer Classification  24 How much is your expected Annual Gross Sales (GS)?    Micro – GS is less than Three Million Pesos (P3M)   Medium – GS is Twenty Million Pesos (P20M) to Less than One Billion Pesos (P1B)		quired)
Part II – Taxpayer Classification  24 How much is your expected Annual Gross Sales (GS)?    Micro – GS is less than Three Million Pesos (P3M)   Medium – GS is Twenty Million Pesos (P20M) to Less than One Billion Pesos (P1B)		
24 How much is your expected Annual Gross Sales (GS)?  Micro - GS is less than Three Million Pesos (P3M)  Small - GS is Three Million Pesos (P3M) to less than 20 Million Pesos ((P20M))  Large - GS is One Billion Pesos (P1B) and above  Part III - Spouse Information  25 Employment Status of Spouse  Unemployed  Employed Locally  Employed Abroad  Engaged in Business/Practice of Profession  26 Spouse Name (Last Name, First Name, Middle Name, Suffix)  27 Spouse TIN  28 Spouse Employer's Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual Registered Name)(Attach additional sheet/s, if necessary)  Part IV - Authorized Representative  If Individual (Last Name) (First Name) (Middle Name) (Suffix) (Nickname)  (Nickname)  (Nickname)		
Micro – GS is less than Three Million Pesos (\$\mathcal{P}\$2M) to less than 20 Million Pesos (\$\mathcal{P}\$2M) to less than 0ne Billion Pesos (\$		fication
25 Employment Status of Spouse Unemployed Employed Locally Employed Abroad Engaged in Business/Practice of Profession  26 Spouse Name (Last Name, First Name, Middle Name, Suffix)  27 Spouse TIN  28 Spouse Employer's Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual Registered Name)(Attach additional sheet/s, if necessary)  29 Spouse Employer's TIN  Part IV – Authorized Representative  30 Relationship Name (For Authorized Representative)  If Individual (Last Name) (First Name) (Middle Name) (Suffix) (Nickname)  (Nickname)	Micro – GS is less than Three Million Pesos (#23M)  Small - GS is Three Million Pesos (#23M) to less than 20 Million Pesos (#20M)  Large	– GS is One Billion Pesos (P1B) and above
26 Spouse Name (Last Name, First Name, Middle Name, Suffix)  27 Spouse TIN  28 Spouse Employer's Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual Registered Name)(Attach additional sheet/s, if necessary)  29 Spouse Employer's TIN  Part IV – Authorized Representative  30 Relationship Name (For Authorized Representative)  If Individual (Last Name) (First Name) (Middle Name) (Suffix) (Nickname)  (Nickname)		
28 Spouse Employer's Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual Registered Name) (Attach additional sheet/s, if necessary)  Part IV – Authorized Representative  30 Relationship Name (For Authorized Representative)  If Individual (Last Name) (First Name) (Middle Name) (Suffix) (Nickname)		
30 Relationship Name (For Authorized Representative)  If Individual (Last Name) (First Name) (Middle Name) (Suffix) (Nickname)	28 Spouse Employer's Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-	
30 Relationship Name (For Authorized Representative)  If Individual (Last Name) (First Name) (Middle Name) (Suffix) (Nickname)	Part IV Authorized Power	sentative
	30 Relationship Name (For Authorized Representative)	

Page 2 –	BIR	Form	No.	1901	

31 Relations	hip Date (M	IM/DD/YYYY)	;	32 Addres	s Type idence	П	Place of Busir	ness	Emplo	yer Address	
33 Address										<u>,                                      </u>	
Unit/Room/Floo	om/Floor/Building No. Building Name/Tower Lot/Block/Phase/House No. Street Name Subdivision/Village/Zone										
	Darangay			Town/District			Municipality/City				7ID Codo
	Barangay	— г		Town/District			Municipality/City		Pr	ovince	ZIP Code
34 Preferred	Contact Tv	/ne									
Landline	-	Fax Number	r	Mobile	e Number	Email	Address (required	n)			
								,			
					Part V – B	usine	ss Information	on			
35 Single Bu	ısiness Nun	nber/Philippir	ne Busi	ness Num	ber						-
	Secondary I	ndustries (att				• /					
Industry			1	rade/Bus	iness Name	9				Regulatory B	ody
Primary											
Secondary		5 1 ( )					2010.0				
Industry		Registration umber	Bus	iness Regi //MM/DD	stration Date		PSIC Cod (To be filled out			Line of Busin	ess
Primary							,	-, ,			
Secondary			+ +								
37 Incentives	l s Details										
		ion (e.g., PEZA,	BOI)	37B Le	egal Basis (e.	g., R.A.,	E.O.)	37C Ince	ntive Granted	(e.g., Exempt from I7	, VAT, etc.)
<b>37D</b> No. of Y	'ears	3		ntive Start D	ate				centive End Date		
38 Details of	Registratio	n/Accreditati		D/YYYY)				(M	M/DD/YYYY)		
38A Registration				ctivity Date (	MM/DD/YYYY)				38	C Date Issued (MA	N/DD/YYYY)
		F	ROM		1 1		го				
38D Registered	Activity	{	B8E Tax	Regime (Reg	gular, Special, Exe	mpt)	38F Activity Sta	art Date (MM/D	DD/YYYY) 38	G Activity End Dat	e (MM/DD/YYYY)
								<u> </u>			
00 F116 D	-4-il- ( <b>DD</b> DI	(5 ) (1 )	DI ( 0D	01 - 101			ility Details	<b>DT</b> D T			A (' '' )
39 Facility D			B <b>9B</b> Faci		e; <b>wn</b> -warenous	e; <b>3K-</b> SI	nowroom; <b>GG</b> -Ga	rage; BI-Bus I	erminai; <b>RP</b> -Reai P	roperty for Lease wit	n No Sales Activity)
F	40 (10 00 111104		PP	SP	WH		R GG	☐ BT	RP	Others (speci	fv)
39C Facility Ad	dress										<i>,,,</i>
Unit/Room/Floor		Building N	lame/Tow	er _	Lot/Block/Phase/i	House N	0.	Street Nan	ne	Subdivision	/Village/Zone
	Barangay		To	wn/District			Municipality/City		Pi	rovince	ZIP Code
					Dort \	\/II T	ov Times				
40 Tax Type	s (this portion (	determines your to	ax liahility	ies) (To be fil		<u> </u>	ax Types				
10 Tax Typo	C (and person t	actornimico your te		m Type	ATC					Form Type	ATC
Income Tax							Value-Add	ded Tax			
_	ncome Tax						Excise Tax				
_	ins – Real Pro	perty				[	Alcohol Pro				
	ins – Stocks							e & Non-Esse	ential Goods		
Withholding T				1		L		Procedures			
Compensa	tion					L	Mineral Pro				
Expanded						Į.	Petroleum				
Final	-64-					[		d Beverages			
Fringe Ben  Value-Adde						l I	Tobacco Products				
	entage Tax					I	Tobacco Inspection & Monitoring Fees  Vapor Products				
	t subject to Co	 GT					Documentary		DST)		
_	e Tax on Winn						Regular	Junip rax (I			
On Interest Pa	aid on Deposits an	nd Yield on				ľ		Transactions	(ONFTT)		
Percentage Ta							Transfer Tax	Turibuctions	(SILLII)		
Stocks	A					Γ	Donor's Ta	ay			
	ial Public Offe	ring (IPO)					Estate Tax				
		usement Taxes				 	Miscellaneous				
Under Spe	·							(-[			
		under NIRC (s)	pecify)				Others (specify)	)		•	
							,				

41A Do you intend to use BIF	R Printed Invoices?	41B	Type 41C No. of Bookl		o. of Booklets	lets 41D Serial Number		
	□ No		J WAT [] NION	1.)/AT		Start End		
Yes 42 Authority to Print Invo	∐ No ices		VAT NON	I-VAT				
42A Printer's Name	1000							
42B Printer's TIN		42C	Printer's Accredi	tation Number	42D Date	e of Accreditation (MM	I/DD/YYYY)	
42E Registered Address								
Unit/Room/Floor/Building No.	Building Name/Tower	Lot/Block/Phase.	/House No.	Street Name		Subdivision/Village/Z	one	
Parangay	Town/	District	 Municipality/C	Nito ,	Pro	/ince	ZIP Code	
Barangay	TOWN	ristrict	Wuriicipality/C	nily [	FIOV	mince	ZIF Code	
42F Contact Number (Landlin	ne/Cellphone No.) 42G	Email Address						
·								
42H Manner of Invoices		Bound	Loo	se Leaf				
<b>42I</b> Description of Invoices	(Attach additional sheet	's, if necessary)						
De			TYPE No. Boxes/Box	110.010		Serial No.	No. of Copies	
De	scription	VAT	Non-VAT Loose	Bound Bookle		End	per Set	
							_	
Don't IV	- F				-\ \A/!( -! (	0-11	1	
	or Employee with T	sive Employments (With		Employment		Calendar Year  Dyments (With two or more em.	plovers at the	
43 Type of Multiple Employ	within t	e calendar year)		nooooond	same time within the		,	
(If successive, enter previous employ 43A Name of Employer	Primary I		cri additional srieevs, il	43B TIN of E	mnlover			
TOA Name of Employer		imployer		TOD THE OF E	II pioyei			
				100 700 45				
43C Name of Employer	Primary I	mployer		43D TIN of E	nployer			
Primary/Current Employe								
<b>44</b> Relationship Start Date (MM/DD/YYYY)	45 Contact Type  Landline Number	Fax Number		e Number	□ 'I A dalaa (			
Bato (IMM/BB/1111)	Landline Number	Fax Numbe	er Mobil	e Number	Email Address (req	quirea)		
46 Declaration						Receiving Office and D	ata of Pagaint	
I declare, under the penalties of	perjury, that this application	nas been made in good	d faith, verified by me a	nd to the best of m	y knowledge and	Receiving Office and D	ale of Necelpt	
belief, is true and correct, pursuant to thereof. Further, I give my consent t								
legitimate and lawful purposes.	o the processing of my infor	lation as contemplated	Tulluel the Data I liva	cy Act of 2012 (IV.)	1. NO. 10173) 101			
		A # : 1D	<del></del>					
		Authorized Representa ature over Printed Name)	tive					
			Form for New B					
BIR Form No.	47 Taxpayer's Iden		ptance Only. Not to (TIN) Branch (		O Code	49 For the Yea	r	
			-		, ,			
0605	<b>50</b> Taxpayer's Nam	<u>                                     </u>						
(Part of BIR Form No. 1901)								
	Paymen	Details (To be fill	led out by BIR-Reve	enue Collection	Officer)			
51 Date of Payment (MM/DL	D/YYYY)							
eROR/ROR I	No. ATC	Pa	articulars					
52	MC200	BIR Printed Inv	voices		52	2A		
53 Add: Penalties	Surch	arge	Interest	Com	promise			
	53A	53B	I	53C	5	3D		
54 Total Amount Payak	53A  Dile (Sum of Items 52A a			53C		3D 4A		

Part VIII - Invoices

## **Documentary Requirements:** SELF-EMPLOYED INDIVIDUALS **ESTATE AND TRUST** For Estate with properties subject to Estate taxes or Estate under judicial settlement: 1. Death Certificate of the decedent; (1 photocopy) For Sole Proprietor/Professional/Professionals not regulated by the Professional Regulation Commission (PRC): 1. • Any government-issued ID (e.g., PhilID/ePhilID, Passport, Driver's License/eDriver's License) that shows the name, address and birthdate of the For Trust (irrevocable): 2. Irrevocable Trust Agreement; (1 photocopy) applicant. In case the ID has no address, any proof of residence or business Additional documents, if applicable: address: (1 photocopy) or If transacting through a Representative: 1.1 Special Power of Attorney (SPA) executed by the taxpayer-applicant indicating specific In case of the practice of profession regulated by PRC: Valid PRC ID and government ID showing address or proof of residence or transaction; [1 original for first submission, if authorized to more than one transaction, business address. (1 photocopy) submit certified true copy (together with the original copy for presentation and validation Note: IDs shall be presented and should be readable, untampered and contains 1.2 Any government-issued ID of the taxpayer/trustee/trustor in the trust agreement and consistent information with the documents submitted upon application. authorized representative; (1 photocopy, both with one specimen signature) igcirc 2. $\Box$ BIR Printed Invoices (BPI) (Available for sale at the New Business Registrant 2. If transacting through an Administrator or Executor or Heir: Counter): or 2.1 Document/s to prove as the administrator or executor or heir; (1 original) ☐ Final clear sample of OWN Invoices. (1 original) 2.2 Any government-issued ID of the administrator or executor. (1 photocopy, both with (Sample layout is also available at the New Business Registrant Counter) one specimen signature) Note: In case taxpayer-applicant will opt to print its own invoices, taxpayer-**BRANCH AND FACILITY** applicant should choose an Accredited Printer who will print the invoices. REGISTRATION OF BRANCH FEES TO BE PAID ☐ 1. ☐ BIR Printed Invoices (BPI) (Available for sale at the New Business Registrant Counter); Payment of P30.00 Loose Stamp/s (DST) to be affixed on the Certificate of Registration. ☐ Final clear sample of OWN Invoices. (1 original) (Sample layout is also available at the New Business Registrant Counter) Note: If the P30.00 loose DST was already paid online, the proof of payment (1 photocopy) shall be submitted. Note: In case taxpayer-applicant will opt to print its own invoices, taxpayer-applicant should choose an Accredited Printer who will print the invoices. • Procured printing cost of BPI, if opted to use. **FEES TO BE PAID** Payment of P30.00 Loose Stamp/s (DST) to be affixed on the Certificate of Registration. 0 Additional documents, if applicable: If transacting through a Representative: Note: If the P30.00 loose DST was already paid online, the proof of payment (1 photocopy) 1.1 Special Power of Attorney (SPA) executed by the taxpayer-applicant shall be submitted indicating specific transaction; [1 original for first submission, if authorized to more than one transaction, submit certified true copy (together with the Procured printing cost of BPI, if opted to use. original copy for presentation and validation only)] REGISTRATION OF FACILITY 1.2 Any government-issued ID of the taxpayer and authorized representative; (1 ☐ 1. BIR Form No. 1901. (2 originals) photocopy, both with one specimen signature) DTI Certificate (if with business name); (1 photocopy) ADDITIONAL DOCUMENTS FOR BRANCH/FACILITY, IF APPLICABLE: Work Visa (9g) for Foreign Nationals; (1 photocopy) Service Contract showing the amount of income payment, for Job Order or Service 1. If transacting through a Representative: Contract Agreement with NGAs, LGUs, GOCCs, GFIs; (1 photocopy) 1.1 Special Power of Attorney (SPA) executed by the taxpayer-applicant indicating Franchise Documents (e.g., Certificate of Public Convenience) (for Common specific transaction; [1 original for first submission, if authorized to more than one Carrier); (1 photocopy) transaction, submit certified true copy (together with the original copy for presentation 6. Certificate of Authority, if Barangay Micro Business Enterprises (BMBE) registered and validation only)] entity; (1 photocopy) 1.2 Any government-issued ID of the taxpayer and authorized representative; (1 7. Proof of Registration/Permit to Operate BOI/BOI-ARMM, PEZA, BCDA, photocopy, both with one specimen signature) DTI Certificate (if with business name); (1 photocopy) (For Branch only) TIEZA/TEZA, SBMA, etc. (1 photocopy) 2. 3. Franchise Documents (e.g., Certificate of Public Convenience) (for Common Carrier); (1 photocopy) (for Branch only) Franchise Agreement; (1 photocopy) (For Branch only) Certificate of Authority, if Barangay Micro Business Enterprises (BMBE) registered entity; O 4. 5. (1 photocopy) (For Branch only) 6. 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 INDENTIFICATION 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.

Title/Position of Signatory

Signature over Printed Name of Taxpayer/Authorized Representative