| To be filled up by BIR ▶ DLN : | | |
|--|---|---|
| Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas For One-time Taxpayer and Person Registering | Application for Registration | BIR Form No. 1904 January 2000 (ENCS) |
| under E.O. 98 (Securing a TIN to be able to transa with any government office) | ict | New TIN to be issued, if applicable (To be filled up by BIR) |
| Fill in all appropriate white spaces. Mark all appropriate boxes with an "X". | | |
| 1 Taxpayer Type One-Time Taxpayer | | 3 Date of Registration |
| ► E.O. 98 | ► Non-individual | (To be filled up by BIR) (MM / DD / YYYY) |
| Part I Taxpayer Information | | |
| 4 TIN | 5 RDO Code | 6 Sex Male |
| (For Taxpayer w/ existing TIN) | (To be filled up | b by BIR) Fema |
| 7 Taxpayer's Name (Last Name, First Name, Middle | Name, if individual/Registered Name, if non-individual | al) |
| * | | |
| 8 Civil Status ➤ Single/Widow/Widower/Legally Separated Head of the Family Single with qualified dependent Widow/Widower with qualified dependent Legally separated with qualified dependent | ent 9B Spouse Name dent | er Identification Number |
| Benefactor of a qualified senior citizen Married | (RA No. 7432) Last Name | First Name Middle Name |
| 10 Date of Birth / | 11 Telephone Number | 12 Municipality Code (To be filled up by BIR) |
| , | ¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬ | ▶ |
| 13 Local Address (Please indicate complete address) • | | 14 Zip Code ▶ |
| 15 Foreign Address (Please indicate complete addres | s) | 16 Zip Code |
| | | <u> </u> |
| 17 Contact Person/Accredited Tax Agent (if different fr. ▶ | om taxpayer) | 18 Telephone Number |
| Disposal of Shares of Stocks | Sale, Assignment and / or Disposal of Real Property(ies) classified as Capital Asset Transfer of Properties by Succession (Death) | |
| Capital Gains Tax - Stocks | | |
| Documentary Stamp Tax Donor's Tax | | |
| Estate Tax | | |
| Miscellaneous Tax (Specify) Non-Taxable (under EO 98) | | |
| Others (Specify) | | |
| 21 Declaration I declare, under the penalties of perjury, that me and to the best of mv knowledge and belief. is to National Internal Revenue Code, as amended, and | t this form has been made in good faith, verified by rue and correct. pursuant to the provisions of the the regulations issued under authority thereof. | Stamp of Receiving Office and Date of Receipt |
| TAXPAYER/AUTHORIZED AGENT (Signature over printed name) | TITLE/POSITION OF SIGNATORY | Attachments complete? (To be filled up by BIR) |
| ATTACHMENTS, (Pleate-service) | | Yes No |
| ATTACHMENTS: (Photocopy only) For Payor of Capital Gains Tax (Stock, Real Estate) -Birth Certificate or any document showing name, address of taxpayer applicant -Deed of Sale For Payor of Transfer Tax Donor's Tax -Birth Certificate or any document showing name, address of the taxpayer (donor) -Deed of Donation Estate Tax -Death Certificate | For Vehicle Registrar -Birth Certificate of the appl -Cash Invoice o dress and birth date For Other Applicants | orn awarding company/person hts e or any document showing name, address and birth date licant r Official Receipt or Deed of Sale e or any document showing name, address and birth date |