



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Application for Registration

BIR Form No.  
**1904**  
January 2000 ( ENCS )

For One-time Taxpayer and Person Registering under E.O. 98 (Securing a TIN to be able to transact with any government office)

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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".

<b>1 Taxpayer Type</b> <input type="checkbox"/> One-Time Taxpayer <input type="checkbox"/> E.O. 98	<b>2 Classification</b> <input type="checkbox"/> Individual <input type="checkbox"/> Non-individual	<b>3 Date of Registration</b> (To be filled up by BIR) (MM / DD / YYYY)
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**Part I Taxpayer Information**

<b>4 TIN</b> (For Taxpayer w/ existing TIN)	<b>5 RDO Code</b> (To be filled up by BIR)	<b>6 Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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**7 Taxpayer's Name** ( Last Name, First Name, Middle Name, if individual/Registered Name, if non-individual)  
 ▶ \_\_\_\_\_

<b>8 Civil Status</b> <input type="checkbox"/> Single/Widow/Widower/Legally Separated (No dependents) <input type="checkbox"/> Head of the Family <input type="checkbox"/> Single with qualified dependent <input type="checkbox"/> Widow/Widower with qualified dependent <input type="checkbox"/> Legally separated with qualified dependent <input type="checkbox"/> Benefactor of a qualified senior citizen (RA No. 7432) <input type="checkbox"/> Married	<b>9 Spouse Information</b> <b>9A Spouse Taxpayer Identification Number</b> ▶ _____ <b>9B Spouse Name</b> ▶ _____ Last Name                      First Name                      Middle Name
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<b>10 Date of Birth /</b> Date of Organization (MM / DD / YYYY)	<b>11 Telephone Number</b> ▶ _____	<b>12 Municipality Code</b> (To be filled up by BIR) ▶ _____
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<b>13 Local Address</b> (Please indicate complete address) ▶ _____	<b>14 Zip Code</b> ▶ _____
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<b>15 Foreign Address</b> (Please indicate complete address) ▶ _____	<b>16 Zip Code</b> ▶ _____
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<b>17 Contact Person/Accredited Tax Agent</b> (if different from taxpayer) ▶ _____	<b>18 Telephone Number</b> ▶ _____
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**19 ▶ One -Time Transactions** (To be filled up by one-time taxpayer only)

<input type="checkbox"/> <b>A</b> Sale, Assignment and / or Disposal of Shares of Stocks	<input type="checkbox"/> <b>B</b> Sale, Assignment and / or Disposal of Real Property(ies) classified as Capital Asset	<input type="checkbox"/> <b>C</b> Sale, Assignment and / or Disposal of Real Property(ies) classified as Ordinary Asset
<input type="checkbox"/> <b>D</b> Donation of Properties	<input type="checkbox"/> <b>E</b> Transfer of Properties by Succession (Death)	<input type="checkbox"/> <b>F</b> Others (Specify) _____

<b>20 ▶ Tax Types</b> (Choose only the tax types that are applicable to you) <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Withholding Tax</td> <td><input type="checkbox"/> Capital Gains Tax - Real Property</td> <td><input type="checkbox"/> Capital Gains Tax - Stocks</td> <td><input type="checkbox"/> Documentary Stamp Tax</td> <td><input type="checkbox"/> Donor's Tax</td> <td><input type="checkbox"/> Estate Tax</td> <td><input type="checkbox"/> Miscellaneous Tax (Specify) _____</td> <td><input type="checkbox"/> Non-Taxable (under EO 98)</td> <td><input type="checkbox"/> Others (Specify) _____</td> </tr> </table>	<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"/> Miscellaneous Tax (Specify) _____	<input type="checkbox"/> Non-Taxable (under EO 98)	<input type="checkbox"/> Others (Specify) _____	<b>FORM TYPE</b> (To be filled up by the BIR) <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>												<b>ATC</b> (To be filled up by the BIR) <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>											
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<b>21 Declaration</b> I declare, under the penalties of perjury, that this form 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.	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) ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No

- ATTACHMENTS: (Photocopy only)**
- |   |   |
|---|---|
| For Payor of Capital Gains Tax (Stock, Real Estate)<br>-Birth Certificate or any document showing name, address and birth date of taxpayer applicant<br>-Deed of Sale<br>For Payor of Transfer Tax<br>Donor's Tax<br>-Birth Certificate or any document showing name, address and birth date of the taxpayer (donor)<br>-Deed of Donation<br>Estate Tax<br>-Death Certificate | For Payor of Final Tax on Winnings<br>-Certification from awarding company/person<br>For Vehicle Registrants<br>-Birth Certificate or any document showing name, address and birth date of the applicant<br>-Cash Invoice or Official Receipt or Deed of Sale<br>For Other Applicants<br>-Birth Certificate or any document showing name, address and birth date of the applicant |
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**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.**