

(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)

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

Part I		Taxpayer Information	
1 Taxpayer Type	<input type="checkbox"/> E.O. 98 - Filipino Citizen <input type="checkbox"/> ONETT - Filipino Citizen <input type="checkbox"/> Non-Resident Foreign Corporation	<input type="checkbox"/> E.O. 98 - Foreign National <input type="checkbox"/> ONETT - Foreign National <input type="checkbox"/> 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)	000000		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 <input type="checkbox"/> Male <input type="checkbox"/> 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)
14 Preferred Contact Type <input type="checkbox"/> Phone Number <input type="checkbox"/> Mobile Number <input type="checkbox"/> Fax Number <input type="checkbox"/> 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 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated		
21 Claiming for Additional Exemptions? <input type="checkbox"/> Yes <input type="checkbox"/> 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	

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)		FORM TYPE ATC (To be accomplished by the BIR)	
<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)			

Part III						Withholding Agent/Accredited Tax Agent Information					
27 Withholding Agent/Accredited Tax Agent's Name <div style="display: flex; justify-content: space-between;"> (If Individual) (Last Name) (First Name) (Middle Name) (Suffix) </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input style="width: 20%; border: 1px solid black;" type="text"/> <input style="width: 20%; border: 1px solid black;" type="text"/> <input style="width: 20%; border: 1px solid black;" type="text"/> <input style="width: 20%; border: 1px solid black;" type="text"/> <input style="width: 20%; border: 1px solid black;" type="text"/> </div> <div style="margin-top: 5px;"> (If Non-individual, Registered Name) <input style="width: 90%; border: 1px solid black;" type="text"/> </div>											
28 Taxpayer Identification Number (TIN) <input style="width: 40%; border: 1px solid black;" type="text"/>						29 RDO Code <input style="width: 40%; border: 1px solid black;" type="text"/>					
30 Local Address <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 35%; border: 1px solid black; height: 20px;"></div> <div style="width: 35%; border: 1px solid black; height: 20px;"></div> <div style="width: 30%; border: 1px solid black; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 5px;"> Lot#/Block/Phase/House#/Unit/Room/Floor/Bldg. #/Sub Street Building Name/Street Name/Subdivision/Village Zone Province </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 35%; border: 1px solid black; height: 20px;"></div> <div style="width: 35%; border: 1px solid black; height: 20px;"></div> <div style="width: 30%; border: 1px solid black; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 5px;"> Municipality/City/District Barangay ZIP Code </div>											
31 Preferred Contact Type <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 20%;"><input type="checkbox"/> Phone Number</div> <div style="width: 20%;"><input type="checkbox"/> Mobile Number</div> <div style="width: 20%;"><input type="checkbox"/> Fax Number</div> <div style="width: 40%;"><input type="checkbox"/> Email Address (required)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input style="width: 20%; border: 1px solid black;" type="text"/> <input style="width: 20%; border: 1px solid black;" type="text"/> <input style="width: 20%; border: 1px solid black;" type="text"/> <input style="width: 40%; border: 1px solid black;" type="text"/> </div>											
TABLE 1 - Qualified Dependent Children											
32 Name of Qualified Dependent Children <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: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input type="checkbox"/>					
32B	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input type="checkbox"/>					
32C	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input type="checkbox"/>					
32D	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input type="checkbox"/>					
33 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.											
_____ 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