

(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 Widow/er 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:
 Dealing with Banks Transfer of Properties by Succession (Death)
 Dealing with Government Agency/ies Sale, Assignment and/or Disposal of Real property(ies) classified as Capital Asset
 Donation of Properties Sale, Assignment and/or Disposal of Real property(ies) classified as Ordinary Asset
 Dividends/Interest Transaction Sale, Assignment and/or Disposal of Shares of Stocks
 Royalties Transaction Others (Specify)

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

	FORM TYPE (To be accomplished by the BIR)	ATC
<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
 (If Individual) (Last Name) (First Name) (Middle Name) (Suffix)

 (If Non-individual, Registered Name)

28 Taxpayer Identification Number (TIN) _____ **29 RDO Code** _____

30 Local Address

Lot#/Block/Phase/House#/Unit/Room/Floor/Bldg.#/Sub Street Building Name/Street Name/Subdivision/Village Zone Province

Municipality/City/District Barangay ZIP Code

31 Preferred Contact Type
 Phone Number Mobile Number Fax Number Email Address (required)

TABLE 1 - Qualified Dependent Children

32 Name of Qualified Dependent Children 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.

Last Name	First Name	Middle Name	Suffix	Date of Birth (MM/DD/YYYY)	Mark if mentally, physically incapacitated
32A					<input type="checkbox"/>
32B					<input type="checkbox"/>
32C					<input type="checkbox"/>
32D					<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