To be filled to	Republika ng Pilipinas Kagawaran ng Pananala	pi A	pplication	on for		BIR For	rm No.	
1	Kawanihan ng Rentas Internas Re For Individuals Earning Purely Compensation Income,			gistration			July 2008 (ENCS)	
and No	on-Resident Citizens / Residen applicable white spaces, M	t Alien Employee	ves with an "Y"		New TIN to be	issued, if applicable (To	b be filled up by BIR)	
1 Taxp	ayer Type Local Emp		2 Date of Re (To be filled up	by BIR)	(MM/ DD/ YYYY)	3 RDO Code (To be filled up by E		
Part I 4 TIN (For Ta	axpayer w/ existing TIN)		Taxpayer / Employ	yee Information 5 Sex	☐ Male	6 Citizenship		
	ayer's Name		1 10.0		Female	8 Date of Bir	th	
•	Last Name	First Na	me	Midd	le Name	►	DD/ YYYY)	
9 Loca	Residence Address					10 Telephone	No.	
	No. (Include Building Name)	Street		Barangay 11 Zip	/Subdivision	12 Municipalit	v Code	
	District/Municipality	Cit	y/Province		>	.		
13 Fore	gn Residence Address							
14 Tax				L/Did		Г	ATC II 011	
Part II 15 ► Civi		1700 - (For Individual Ea	Personal Ex	emptions	oyment Status of Sp	ouse:	11011	
	Single Legally separated	☐ Widow/Wid	ower	10 F Emplo	Unemployed Lo			
	with qualified dependen		qualified dependen	t child/ren	Employed A		ofession	
17 ► Cla	ims for Additional Exemptions/F							
18 Spou	Husband claims additional use Information Spouse Taxpayer Identification				itional exemption ar iver of Husband)	nd any premium deducti	on	
18A	Spouse Taxpayer Identifica	, O,O	OO 18B	bouse warne				
18C	Spouse Employer's Taxp	payer Identification Numb		Last Name First Name Middle Name Spouse Employer's Name				
Part III 19 Nam	es of Qualified Dependent Chil			egally adopted child		upon & living with the tax		
			ental or physical de		cinployed, or regard		Mark if Mentally	
	Last Name	First Name		Middle Name	Sec. 20	Date of Birth (MM / DD / YYYY)	/ Physically Incapacitated	
19A 20A	198		190		19D		19E	
21A	215		210		21D		21E	
22A	228	В	220		22D		22E	
Part IV 23 Type	For Employer of multiple employments	ee With Two or More En	ployers (Multiple E	Employments) Wit	hin the Calendar Y	ear		
	Successive employments (Concurrent employments (With two or more employ	ers at the same time	within the calenda	r year)			
[If su	[If successive, enter previous employer(s); if concurrent, enter secondary employer(s)] Previous and Concurrent Employments During the Calendar Year TIN Name of Employer/s							
	TIN Name of Employer/s							
_								
24 Decl	aration							
	I declare, under the penaltie and correct, pursuant to the pro	es of perjury, that this form ovisions of the National Ir	n has been made in Iternal Revenue Co	good faith, verified de, as amended, a	by me and to the be and the regulations	est of my knowledge and issued under authority t	belief, thereof.	
			EMPLOYEE) / AUTH Signature over printed					
	of Registered Office	☐ HEAD OFFICE	Employer Information					
	loyer's Name (Last Name, Firs	t Name Middle Name if	Individual/ Posistors	ad Name if Non-Inc	27 RDO Code (To be filled up by BIR	(1)		
26 Emp	loyer's INdiffe (Last IName, FIRS	rame, Middle Name, II	individual/integlistere	t to the state of	dull)			
29 Emp Addr	loyer's Business							
30 Zip Code 31 Municipality Code 33 Effectivity Date (To be filled (Date when Exemption Information is applied) (Date of Certification of the Accuracy of the								
32 Tele	phone Number		>	(2222)	Exemptio	n Information)	V DD/ YYYY)	
35 Decl		on of position, that this face	(MM/ DD		hy	Stamp of BIR Red and Date of	ceiving Office	
me a	I declare, under the penaltie and to the best of my knowledge onal Internal Revenue Code, as	e and belief, is true and o	orrect, pursuant to	the provisions of the	e	and Date of		
						Attachments C		
l	EMPLOYER / AUTHORIZE (Signature over printed)		Title / Position of Si	gnatory		(To be filled u	No	

ATTACHMENTS: (Photocopy only)
For Individuals Earning Purely Compensation Income
- Birth Certificate or any valid identification card of applicant showing complete name
- Marriage contract, if appicable
- Waiver of husband to claim additional exemption, if applicable
- Birth Certificate of dependently, if applicable
- Employment Certificate or valid company ID with picture and signature, if available address, birth date and signature (Drivers's license, PRC ID or passport)