

(To be filled out by BIR) DLN: _____

BIR Form No.



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

1901

January 2024(ENCS) P1

**For Self-Employed (Single Proprietor/Professional),
Mixed Income Individuals, Non-Resident Alien
Engaged in Trade/Business, Estate and Trust**

-	-	-	-
TIN to be issued, if applicable (To be filled out by BIR)			

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

1 Registering Office <input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office <input type="checkbox"/> Facility	2 BIR Registration Date <i>(To be filled out by BIR)(MM/DD/YYYY)</i>	3 PhilSys Card Number (PCN)
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Part I – Taxpayer Information

4 Taxpayer Identification Number (TIN) <i>(For Taxpayer with Existing TIN)</i>	- - - 0 0 0 0 0	5 RDO Code <i>(To be filled out by BIR)</i>
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6 Taxpayer Type	
<input type="checkbox"/> Single Proprietorship Only (Resident Citizen) <input type="checkbox"/> Resident Alien – Single Proprietorship <input type="checkbox"/> Resident Alien - Professional <input type="checkbox"/> Professional – Licensed (PRC, IBP) <input type="checkbox"/> Professional – In General <input type="checkbox"/> Professional and Single Proprietor <input type="checkbox"/> Mixed Income Earner – Compensation Income Earner & Single Proprietor	<input type="checkbox"/> Mixed Income Earner – Compensation Income Earner & Professional <input type="checkbox"/> Mixed Income Earner – Compensation Income Earner, Single Proprietorship & Professional <input type="checkbox"/> Non-Resident Alien Engaged in Trade/Business <input type="checkbox"/> Estate – Filipino Citizen <input type="checkbox"/> Estate – Foreign National <input type="checkbox"/> Trust – Filipino Citizen <input type="checkbox"/> Trust – Foreign National

7 Taxpayer's Name (Last Name)	(First Name)	(Middle Name)	(Suffix)	(Nickname)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>(If ESTATE, ESTATE of First Name, Middle Name, Last Name, Suffix) (If TRUST, FAO: First Name, Middle Name, Last Name, Suffix)</i>				

8 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	9 Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated
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10 Date of Birth/Organization <i>(In case of Estate/Trust)</i> <i>(MM/DD/YYYY)</i>	11 Place of Birth (if applicable)
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12 Mother's Maiden Name	13 Father's Name
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14 Citizenship	15 Other Citizenship
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16 Local Residence Address				
Unit/Room/Floor/Building No.	Building Name/Tower	Lot/Block/Phase/House No.	Street Name	Subdivision/Village/Zone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Barangay</i>	<i>Town/District</i>	<i>Municipality/City</i>	<i>Province</i>	<i>ZIP Code</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17 Business Address				
Unit/Room/Floor/Building No.	Building Name/Tower	Lot/Block/Phase/House No.	Street Name	Subdivision/Village/Zone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Barangay</i>	<i>Town/District</i>	<i>Municipality/City</i>	<i>Province</i>	<i>ZIP Code</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18 Foreign Address	<input type="text"/>
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19 Municipality Code <i>(To be filled out by BIR)</i>	20 Purpose of TIN Application
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21 Identification Details <i>[government issued ID (e.g., passport, driver's license, company ID, etc.)]</i>					
Type	ID Number	Effectivity Date (MM/DD/YYYY)	Expiry Date (MM/DD/YYYY)	Issuer	Place/Country of Issue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

22 Preferred Contact Type	
<input type="checkbox"/> Landline Number <input type="checkbox"/> Fax Number <input type="checkbox"/> Mobile Number	Email Address (required)
<input type="text"/>	<input type="text"/>

23 Are you availing of the 8% income tax rate option in lieu of graduated income tax rates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Part II – Taxpayer Classification

24 How much is your expected Annual Gross Sales (GS)?	
<input type="checkbox"/> Micro – GS is less than Three Million Pesos (P3M)	<input type="checkbox"/> Medium – GS is Twenty Million Pesos (P20M) to Less than One Billion Pesos (P1B)
<input type="checkbox"/> Small – GS is Three Million Pesos (P3M) to less than 20 Million Pesos ((P20M))	<input type="checkbox"/> Large – GS is One Billion Pesos (P1B) and above

Part III – Spouse Information

25 Employment Status of Spouse			
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed Locally	<input type="checkbox"/> Employed Abroad	<input type="checkbox"/> Engaged in Business/Practice of Profession

26 Spouse Name (Last Name, First Name, Middle Name, Suffix)	27 Spouse TIN - - - 0 0 0 0 0
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28 Spouse Employer's Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual Registered Name)(Attach additional sheet/s, if necessary)	29 Spouse Employer's TIN - - -
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Part IV – Authorized Representative

30 Relationship Name (For Authorized Representative)				
If Individual	(Last Name)	(First Name)	(Middle Name)	(Suffix) (Nickname)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If Non-Individual (Registered Name)				

31 Relationship Date (MM/DD/YYYY) <input type="text"/>	32 Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Place of Business <input type="checkbox"/> Employer Address
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33 Address				
<i>Unit/Room/Floor/Building No.</i> <input type="text"/>	<i>Building Name/Tower</i> <input type="text"/>	<i>Lot/Block/Phase/House No.</i> <input type="text"/>	<i>Street Name</i> <input type="text"/>	<i>Subdivision/Village/Zone</i> <input type="text"/>
<i>Barangay</i> <input type="text"/>	<i>Town/District</i> <input type="text"/>	<i>Municipality/City</i> <input type="text"/>	<i>Province</i> <input type="text"/>	<i>ZIP Code</i> <input type="text"/>

34 Preferred Contact Type			
<input type="checkbox"/> Landline Number	<input type="checkbox"/> Fax Number	<input type="checkbox"/> Mobile Number	Email Address (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part V – Business Information

35 Single Business Number/Philippine Business Number	<input type="text"/>
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36 Primary/Secondary Industries (attach additional sheet/s, if necessary)

Industry	Trade/Business Name	Regulatory Body
Primary	<input type="text"/>	<input type="text"/>
Secondary	<input type="text"/>	<input type="text"/>

Industry	Business Registration Number	Business Registration Date (MM/DD/YYYY)	PSIC Code (To be filled out by BIR)	Line of Business
Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secondary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

37 Incentives Details

37A Investment Promotion (e.g., PEZA, BOI) <input type="text"/>	37B Legal Basis (e.g., R.A., E.O.) <input type="text"/>	37C Incentive Granted (e.g., Exempt from IT, VAT, etc.) <input type="text"/>
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37D No. of Years <input type="text"/>	37E Incentive Start Date (MM/DD/YYYY) <input type="text"/>	37F Incentive End Date (MM/DD/YYYY) <input type="text"/>
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38 Details of Registration/Accreditation

38A Registration/Accreditation Number <input type="text"/>	38B Effectivity Date (MM/DD/YYYY) FROM <input type="text"/> TO <input type="text"/>	38C Date Issued (MM/DD/YYYY) <input type="text"/>
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38D Registered Activity <input type="text"/>	38E Tax Regime (Regular, Special, Exempt) <input type="text"/>	38F Activity Start Date (MM/DD/YYYY) <input type="text"/>	38G Activity End Date (MM/DD/YYYY) <input type="text"/>
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Part VI – Facility Details

39 Facility Details (PP-Place of Production/Plant; SP-Storage Place; WH-Warehouse; SR>Showroom; GG-Garage; BT-Bus Terminal; RP-Real Property for Lease with No Sales Activity)

39A Facility Code (To be filled out by BIR) F	39B Facility Type <input type="checkbox"/> PP <input type="checkbox"/> SP <input type="checkbox"/> WH <input type="checkbox"/> SR <input type="checkbox"/> GG <input type="checkbox"/> BT <input type="checkbox"/> RP <input type="checkbox"/> Others (specify) <input type="text"/>
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39C Facility Address				
<i>Unit/Room/Floor/Building No.</i> <input type="text"/>	<i>Building Name/Tower</i> <input type="text"/>	<i>Lot/Block/Phase/House No.</i> <input type="text"/>	<i>Street Name</i> <input type="text"/>	<i>Subdivision/Village/Zone</i> <input type="text"/>
<i>Barangay</i> <input type="text"/>	<i>Town/District</i> <input type="text"/>	<i>Municipality/City</i> <input type="text"/>	<i>Province</i> <input type="text"/>	<i>ZIP Code</i> <input type="text"/>

Part VII – Tax Types

40 Tax Types (this portion determines your tax liability/ies) (To be filled out by BIR)

Form Type	ATC	Form Type	ATC
Income Tax		<input type="checkbox"/> Value-Added Tax	
<input type="checkbox"/> Individual Income Tax	<input type="text"/>	Excise Tax	
<input type="checkbox"/> Capital Gains – Real Property	<input type="text"/>	<input type="checkbox"/> Alcohol Products	<input type="text"/>
<input type="checkbox"/> Capital Gains – Stocks	<input type="text"/>	<input type="checkbox"/> Automobile & Non-Essential Goods	<input type="text"/>
Withholding Tax		<input type="checkbox"/> Cosmetic Procedures	<input type="text"/>
<input type="checkbox"/> Compensation	<input type="text"/>	<input type="checkbox"/> Mineral Products	<input type="text"/>
<input type="checkbox"/> Expanded	<input type="text"/>	<input type="checkbox"/> Petroleum Products	<input type="text"/>
<input type="checkbox"/> Final	<input type="text"/>	<input type="checkbox"/> Sweetened Beverages	<input type="text"/>
<input type="checkbox"/> Fringe Benefits	<input type="text"/>	<input type="checkbox"/> Tobacco Products	<input type="text"/>
<input type="checkbox"/> Value-Added Tax	<input type="text"/>	<input type="checkbox"/> Tobacco Inspection & Monitoring Fees	<input type="text"/>
<input type="checkbox"/> Other Percentage Tax	<input type="text"/>	<input type="checkbox"/> Vapor Products	<input type="text"/>
<input type="checkbox"/> ONETT not subject to CGT	<input type="text"/>	Documentary Stamp Tax (DST)	
<input type="checkbox"/> Percentage Tax on Winnings & Prizes	<input type="text"/>	<input type="checkbox"/> Regular	<input type="text"/>
<input type="checkbox"/> On Interest Paid on Deposits and Yield on Deposits/Substitutes	<input type="text"/>	<input type="checkbox"/> One-Time Transactions (ONETT)	<input type="text"/>
Percentage Tax		Transfer Tax	
<input type="checkbox"/> Stocks	<input type="text"/>	<input type="checkbox"/> Donor's Tax	<input type="text"/>
<input type="checkbox"/> Stocks-Initial Public Offering (IPO)	<input type="text"/>	<input type="checkbox"/> Estate Tax	<input type="text"/>
<input type="checkbox"/> Overseas Dispatch And Amusement Taxes	<input type="text"/>	Miscellaneous Tax (specify)	<input type="text"/>
<input type="checkbox"/> Under Special Laws	<input type="text"/>		<input type="text"/>
<input type="checkbox"/> Other Percentage Taxes under NIRC (specify)	<input type="text"/>	Others (specify)	<input type="text"/>

Part VIII – Invoices

41 BIR Printed Invoices								
41A Do you intend to use BIR Printed Invoices? <input type="checkbox"/> Yes <input type="checkbox"/> No			41B Type <input type="checkbox"/> VAT <input type="checkbox"/> NON-VAT		41C No. of Booklets []	41D Serial Number Start [] End []		
42 Authority to Print Invoices								
42A Printer's Name []								
42B Printer's TIN []			42C Printer's Accreditation Number []		42D Date of Accreditation (MM/DD/YYYY) []			
42E Registered Address								
Unit/Room/Floor/Building No. []		Building Name/Tower []		Lot/Block/Phase/House No. []		Street Name []		
Barangay []		Town/District []		Municipality/City []		Province []		ZIP Code []
42F Contact Number (Landline/Cellphone No.) []			42G Email Address []					
42H Manner of Invoices <input type="checkbox"/> Bound <input type="checkbox"/> Loose Leaf								
42I Description of Invoices (Attach additional sheet/s, if necessary)								
Description	TYPE		No. of Boxes/Booklets		No. of Sets per Box/Booklet	Serial No.		No. of Copies per Set
	VAT	Non-VAT	Loose	Bound		Start	End	
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						

Part IX – For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year

43 Type of Multiple Employments <input type="checkbox"/> Successive Employments (With previous employer/s within the calendar year) <input type="checkbox"/> Concurrent Employments (With two or more employers at the same time within the calendar year)	
(If successive, enter previous employer/s; if concurrent, enter secondary employer/s) (Attach additional sheet/s, if necessary)	
43A Name of Employer <input type="checkbox"/> Primary Employer	
43B TIN of Employer []	
43C Name of Employer <input type="checkbox"/> Primary Employer	
43D TIN of Employer []	
Primary/Current Employer Information	
44 Relationship Start Date (MM/DD/YYYY) []	45 Contact Type <input type="checkbox"/> Landline Number <input type="checkbox"/> Fax Number <input type="checkbox"/> Mobile Number <input type="checkbox"/> Email Address (required) []

46 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 the authority thereof. Further, I give my consent to the processing of my information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.		<i>Receiving Office and Date of Receipt</i>
_____ Taxpayer/Authorized Representative (Signature over Printed Name)		

Part X – Payment Order Form for New Business Registrant

(For BIR Payment Acceptance Only. Not to be filed in AABs)

BIR Form No. 0605 <i>(Part of BIR Form No. 1901)</i>	47 Taxpayer's Identification Number (TIN) []		Branch Code []	48 RDO Code []		49 For the Year []	
	50 Taxpayer's Name []						
Payment Details (To be filled out by BIR-Revenue Collection Officer)							
51 Date of Payment (MM/DD/YYYY) []							
eROR/ROR No.		ATC	Particulars				
52 []		MC200	BIR Printed Invoices			52A []	
53 Add: Penalties		Surcharge		Interest		Compromise	
53A []		53B []		53C []		53D []	
54 Total Amount Payable (Sum of Items 52A and 53D)						54A []	

*NOTE: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)

(Please sign at the back.)

Documentary Requirements:

SELF-EMPLOYED INDIVIDUALS

For Sole Proprietor/Professional/Professionals not regulated by the Professional Regulation Commission (PRC):

1. Any government-issued ID (e.g., PhilID/ePhilID, Passport, Driver's License/eDriver's License) that shows the name, address and birthdate of the applicant. In case the ID has no address, any proof of residence or business address; (1 photocopy) or

In case of the practice of profession regulated by PRC:

- Valid PRC ID and government ID showing address or proof of residence or business address. (1 photocopy)

Note: IDs shall be presented and should be readable, untampered and contains consistent information with the documents submitted upon application.

2. BIR Printed Invoices (BPI) (Available for sale at the New Business Registrant Counter); **or**
 Final clear sample of OWN Invoices. (1 original)
(Sample layout is also available at the New Business Registrant Counter)

Note: In case taxpayer-applicant will opt to print its own invoices, taxpayer-applicant should choose an Accredited Printer who will print the invoices.

FEES TO BE PAID

1. Payment of P30.00 Loose Stamp/s (DST) to be affixed on the Certificate of Registration.

Note: If the P30.00 loose DST was already paid online, the proof of payment (1 photocopy) shall be submitted.

- Procured printing cost of BPI, if opted to use.

Additional documents, if applicable:

1. If transacting through a Representative:
1.1 Special Power of Attorney (SPA) executed by the taxpayer-applicant indicating specific transaction; [1 original for first submission, if authorized to more than one transaction, submit certified true copy (together with the original copy for presentation and validation only)]
1.2 Any government-issued ID of the taxpayer and authorized representative; (1 photocopy, both with one specimen signature)
 2. DTI Certificate (if with business name); (1 photocopy)
 3. Work Visa (9g) for Foreign Nationals; (1 photocopy)
 4. Service Contract showing the amount of income payment, for Job Order or Service Contract Agreement with NGAs, LGUs, GOCCs, GFIs; (1 photocopy)
 5. Franchise Documents (e.g., Certificate of Public Convenience) (for Common Carrier); (1 photocopy)
 6. Certificate of Authority, if Barangay Micro Business Enterprises (BMBE) registered entity; (1 photocopy)
 7. Proof of Registration/Permit to Operate BOI/BOI-ARMM, PEZA, BCDA, TIEZA/TEZA, SBMA, etc. (1 photocopy)

ESTATE AND TRUST

For Estate with properties subject to Estate taxes or Estate under judicial settlement:

1. Death Certificate of the decedent; (1 photocopy)
For Trust (irrevocable):
 2. Irrevocable Trust Agreement; (1 photocopy)

Additional documents, if applicable:

1. If transacting through a Representative:
1.1 Special Power of Attorney (SPA) executed by the taxpayer-applicant indicating specific transaction; [1 original for first submission, if authorized to more than one transaction, submit certified true copy (together with the original copy for presentation and validation only)]
1.2 Any government-issued ID of the taxpayer/trustee/trustor in the trust agreement and authorized representative; (1 photocopy, both with one specimen signature)
 2. If transacting through an Administrator or Executor or Heir:
2.1 Document/s to prove as the administrator or executor or heir; (1 original)
2.2 Any government-issued ID of the administrator or executor. (1 photocopy, both with one specimen signature)

BRANCH AND FACILITY

REGISTRATION OF BRANCH

1. BIR Printed Invoices (BPI) (Available for sale at the New Business Registrant Counter); **or**
 Final clear sample of OWN Invoices. (1 original)
(Sample layout is also available at the New Business Registrant Counter)

Note: In case taxpayer-applicant will opt to print its own invoices, taxpayer-applicant should choose an Accredited Printer who will print the invoices.

FEES TO BE PAID

- Payment of P30.00 Loose Stamp/s (DST) to be affixed on the Certificate of Registration.

Note: If the P30.00 loose DST was already paid online, the proof of payment (1 photocopy) shall be submitted

- Procured printing cost of BPI, if opted to use.

REGISTRATION OF FACILITY

1. BIR Form No. 1901. (2 originals)

ADDITIONAL DOCUMENTS FOR BRANCH/FACILITY, IF APPLICABLE:

1. If transacting through a Representative:
1.1 Special Power of Attorney (SPA) executed by the taxpayer-applicant indicating specific transaction; [1 original for first submission, if authorized to more than one transaction, submit certified true copy (together with the original copy for presentation and validation only)]
1.2 Any government-issued ID of the taxpayer and authorized representative; (1 photocopy, both with one specimen signature)
 2. DTI Certificate (if with business name); (1 photocopy) (For Branch only)
 3. Franchise Documents (e.g., Certificate of Public Convenience) (for Common Carrier); (1 photocopy) (for Branch only)
 4. Franchise Agreement; (1 photocopy) (For Branch only)
 5. Certificate of Authority, if Barangay Micro Business Enterprises (BMBE) registered entity; (1 photocopy) (For Branch only)
 6. Proof of Registration/Permit to Operate BOI/BOI-ARMM, PEZA, BCDA, TIEZA/TEZA, SBMA, etc. (1 photocopy) (For Branch only)

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

For Voluntary Payment

I declare, under the penalties of perjury that this document 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 the authority thereof.

Signature over Printed Name of Taxpayer/Authorized Representative

Title/Position of Signatory

Stamp of BIR Receiving Office
and Date of Receipt