(To be filled up by BIR) DLN: U 8 0 2 3 U 3 1 6 0 1 7 4

JHEA KIMBERLY C. MALLANES
REVENUE EXAMINER IX

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No. **1903**
January 2018(ENCS)

For Corporations, Partnerships (Taxable / Non-Taxable), Including GAIs, LGUs, Cooperatives and Associations

623 - 351 - 706 - 00000
TIN to be issued, if applicable (To be filled in by BIR)

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

Part I – Taxpayer Information

1 Registering Office: ☑ Head Office ☐ Branch Office ☐ Facility

2 BIR Registration Date (To be filled up by BIR)(MM/DD/YYYY): 16 MAR 2023

3 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN): - - - 0 0 0 0 0

4 RDO Code (To be filled up by BIR): 084

5 Taxpayer Type

- ☑ Corporation
- ☐ General Professional Partnership
- ☐ General Partnership
- ☐ Limited Partnership
- ☐ National Government Agency
- ☐ Local Government Unit
- ☐ Government Owned and Controlled Corporation
- ☐ Non-Stock, Non-Profit Organization
- ☐ Regional Operating Headquarter
- ☐ Regional or Area Headquarter
- ☐ Joint Venture
- ☐ Cooperative
- ☐ Resident Foreign Corporation
- ☐ Non-Resident Foreign Partnership
- ☐ Non-Resident Foreign Corporation
- ☐ Foreign Embassy and International Organization

6 Registered Name (Copy exact name appearing in SEC Certificate of Registration / Charter / Cooperative Development Authority / HLURB): INNOVAR DIGITAL SOLUTIONS INC.

7 Date of Incorporation/Organization/Cooperation (MM/DD/YYYY): 01 / 10 / 2013

8 Taxable Year/Accounting Period: ☑ Calendar Year ☐ Fiscal Year

Accounting Start Year (MM/DD/YYYY):

9 Business Address

Unit/Room/Floor/Building#	Building Name/Tower	Lot/Block/Phase/House No.	Street Name	Subdivision/Village/Zone
		BLOCK 8 LOT 3		DECA HOMES MAKTAN 3

Barangay	Town/District	Municipality/City	Province	ZIP Code
BASAK		LAPU-LAPU	CEBU	6015

10 Foreign Address:

11 Municipality Code (To be filled up by BIR):

12 Purpose of TIN Application:

13 Preferred Contact Type

☑ Landline Number	☐ Fax Number	☐ Mobile Number	Email Address (required)
032-341-0329			officinadata.services@gmail.com

Part II – Authorized Representative

14 Relationship Name (For Authorized Representative)

If Individual

(Last Name)	(First Name)	(Middle Name)	Suffix
SY	KENNETH ANTHONY	LAMDAG	

If Non-Individual (Registered Name):

15 Relationship Type: ☐ Stockholder ☐ Member ☐ Tax Agent ☐ Employee ☐ Agent

16 TIN of Authorized Representative: 405 - 716 - 915 - 01001

17 Relationship Start Date (MM/DD/YYYY):

18 Address Type: ☐ Residence ☐ Place of Business

19 Local Residence Address

Unit/Room/Floor/Building#	Building Name/Tower	Lot/Block/Phase/House No.	Street Name	Subdivision/Village/Zone

Barangay	Town/District	Municipality/City	Province	ZIP Code

20 Preferred Contact Type

☐ Landline Number	☐ Fax Number	☐ Mobile Number	Email Address (required)
		09192025538	liaison.qualis@gmail.com

Part III – Business Information

21 Single Business Number:

22 Primary/Secondary Industries (Attach additional sheet/s, if necessary)

Industry	Trade/Business Name	Regulatory Body
Primary		
Secondary		

Industry	Business Registration Number	Business Registration Date (MM/DD/YYYY)	PSIC Code (To be filled up by BIR)	Line of Business
Primary			6201	
Secondary				

23 Incentives Details

23A Investment Promotion (e.g. PEZA, BOI)	23B Legal Basis (e.g. RA, EO)	23C Incentive Granted (e.g. Exempt from IT, VAT, etc.)

23D No. of Years	23E Incentive Start Date (MM/DD/YYYY)	23F Incentive End Date (MM/DD/YYYY)

24 Details of Registration / Accreditation

24A Registration / Accreditation Number	24B Effectivity Date (MM/DD/YYYY) FROM	(MM/DD/YYYY) TO	24C Date Issued (MM/DD/YYYY)

24D Registered Activity	24E Tax Regime (Regular, Special, Exempt)	24F Activity Start Date (MM/DD/YYYY)	24G Activity End Date (MM/DD/YYYY)

Part IV – Facility Details

25 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;)

25A Facility Code (To be filled up by BIR): F

25B Facility Type: ☐ PP ☐ SP ☐ WH ☐ SR ☐ GG ☐ BT ☐ RP ☐ Other (specify)

26 Facility Address

Unit/Room/Floor/Building#	Building Name/Tower	Lot/Block/Phase/House No.	Street Name	Subdivision/Village/Zone

Barangay	Town/District	Municipality/City	Province	ZIP Code

Part V - Tax Types

27 Tax Types (This portion determines your tax liability/ies) (To be filled up by BIR)

	Form Type	ATC
Withholding Tax		
☐ Compensation		
☐ Expanded		
☐ Final		
☐ Fringe Benefits		
☑ VAT & Other Percentage Tax		
☐ ONETT not subject to CGT		
☐ Percentage Tax on Winnings & Prizes		
☐ On Interest Paid On Deposits And Yield on Deposits/Substitutes		
☑ Income Tax		
Excise Tax		
☐ Alcohol Products		
☐ Automobile & Non-Essential Goods		
☐ Cosmetics Procedures		
☐ Mineral Products		
☐ Petroleum Products		
☐ Sweetened Beverages		
☐ Tobacco Products		
☐ Tobacco Inspection Fees		

	Form Type	ATC
☑ Registration Fee		
Percentage Tax		
☐ Stocks		
☐ Overseas Dispatch And Amusement Taxes		
☐ Under Special Laws		
☐ Other Percentage Tax under NIRC (specify)		
Documentary Stamp Tax		
☐ Regular		
☐ One-Time Transactions (ONETT)		
☐ Capital Gains – Real Property		
☐ Capital Gains – Stocks		
☐ Donor's Tax		
☐ Estate Tax		
☐ Miscellaneous Tax (specify)		
☐ Others (specify)		

Part VI –Authority to Print

28 Authority to Print Receipts and Invoices

28A Printer's Name: Michael Bachano Yee

28B Printer's TIN	**28C** Printers Accreditation Number	**28D** Date of Accreditation
214-041-819-0001	080MP2019000000001	01/03/2019

28E Registered Address

Unit/Room/Floor/Building#	Building Name/Tower	Lot/Block/Phase/House No.	Street Name	Subdivision/Village/Zone
			BOOKSIDE SQUARE	AC CORTES

Barangay	Town/District	Municipality/City	Province	ZIP Code
GUIZO		MANDAUE	CEBU	

28F Contact Number: | **28G** E-mail Address:

28H Manner of Receipt/Invoices: ☐ Bound ☐ Loose Leaf ☐ Others

28I Descriptions of Receipts and Invoices *(Additional Sheet/s if Necessary)*

Description	TYPE		NO. OF BOXES/BOOKLETS		NO. OF SETS PER BOX / BOOKLET	NO. OF COPIES PER SET	SERIAL NO.	
	VAT	NON-VAT	LOOSE	BOUND			START	END
OFFICIAL RECEIPT	☐	☑	~~20~~	20	50	02	0001	
BILLING STATEMENT	☐	☑	~~20~~	20	50	02	0001	
	☐	☐	☐	☐				
	☐	☐	☐	☐				

Part VII - Stockholder/Partner/Member

29 Stockholder's/Partner's/Member's Name *(attach additional sheet, if necessary)*

	(Last Name)	(First Name)	(Middle Name)	(Suffix)	TIN
29A					**29A** TIN
29B					**29B** TIN
29C					**29C** TIN
29D					**29D** TIN
29E					**29E** TIN

30 Declaration

I/We declare, under the penalties of perjury that this application has been made in good faith, verified by me/us and to the best of my/our 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/we give my/our consent to the processing of my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

MAY IVOR O. ZALDARIAGA	TREASURER	475-987-125-000
President/Vice President/Principal Officer/Accredited Tax Agent/Authorized Representative/Taxpayer *(Signature over Printed Name)*	Title/Position of Signatory	TIN of Signatory
Tax Agent Acc. No. / Atty's. Roll No. *(If, applicable)*	Date of Issuance	Date of Expiry

orus.bir.gov.ph

Taxpayer's Copy

CDR F1103 REVISED JAN2020

CHECKLIST OF DOCUMENTARY REQUIREMENTS

QF11-05.2020.00

BUREAU OF INTERNAL REVENUE

ANNEX "A2.1"

APPLICATION FOR REGISTRATION

CORPORATIONS, PARTNERSHIPS (TAXABLE OR NON-TAXABLE)

IMPORTANT:

1. Processing of transactions commences only upon submission of complete documents. INCOMPLETE REQUIREMENTS WILL BE RETURNED TO APPLICANT/WILL NOT BE PROCESSED.
2. Mark "✓" for submitted documents and "X" for lacking documents.

FOR CORPORATIONS/PARTNERSHIPS

- ☑ 1 BIR Form No. 1903 version January 2018 (2 originals)
- ☑ 2 SEC Certificate of Incorporation; (1 photocopy) **or**
  Certificate of Recording (in case of partnership); (1 photocopy) **or**
  License to Do Business in the Philippines (in case of foreign corporation); (1 photocopy)
- ☑ 3 Articles of Incorporation; (1 photocopy) **or**
  Articles of Partnerships; (1 photocopy)
- ☑ 4 ☐ BIR Printed Receipt/Invoice (Available for sale at the New Business Registrant Counter); **or**

  ☐ Final & clear sample of OWN Principal Receipts 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 receipts/invoices, taxpayer-applicant should choose an Accredited Printer who will print the receipts/invoices.
- ☐ 5 Payment of P530.00, if applicable, for the following:
  - P500.00 Annual Registration Fee (RF);
  - P30.00 Loose Stamp/s (DST) to be affixed on the Certificate of Registration.

  Note: If the Registration Fee of P500.00 was already paid, the proof of payment (1 photocopy) shall be submitted. The payment of ARF is not applicable to Nonstock/Non-profit Organization not engaged in business.

Additional documents, if applicable:

- ☑ 1 If transacting through a Representative:
  - 1.1 Board Resolution indicating the purpose and the name of the authorized representative; **or** Secretary's Certificate; (1 original)
  - 1.2 Any government-issued ID of the authorized representative; (1 photocopy)
- ☐ 2 Franchise Documents (e.g. Certificate of Public Convenience) (for Common Carrier); (1 photocopy)
- ☐ 3 Franchise Agreement; (1 photocopy)
- ☐ 4 Memorandum of Agreement (for JOINT VENTURE); (1 photocopy)
- ☐ 5 Certificate of Authority, if Barangay Micro Business Enterprises (BMBE) registered entity; (1 photocopy)
- ☐ 6 Proof of Registration/Permit to Operate BOI/BOI-ARMM, PEZA, BCDA, TIEZA/TEZA, SBMA, etc; (1 photocopy)

Submitted by: Kenneth Anthony Sy Date: 16 MAR 2023
Name of Taxpayer/Representative

Received by: MA. MOREA T. GONZALES Date: 16 MAR 2023
Officer
Revenue Officer

Return of Document/s

Upon preliminary evaluation of the completeness of the application and its supporting documents, the applicant has been informed of the identified lacking documentary requirement/s (marked "X") above for completion or resubmission of application.

Evaluator/Officer — Return Date of Document/s:

Acknowledgment by the applicant:

I _____, of legal age, hereby acknowledge the identified lacking documentary requirement/s (marked "X") and understand that pursuant to the IRR of RA 11032 otherwise known as "Ease of Doing Business and Efficient Government Service Delivery Act of 2018", the government office or agency shall not process deficient or incomplete applications or requests.

Name of Taxpayer/Representative — Date: _____

Date : 1/20/2023

Due Date : 2/5/23

Name : _____

TIN : _____

Nature of Transaction: ISSUANCE OF SD CERT 2000

Gross:	P	250,000
Tax Due:	P	501
Surcharge	P	125.50
Interest 3/20/23	P	8
Compromise	P	1,000
TOTAL	P	1,635.50

Computed by: JHEA KIMBERLY C. MAGALLANES REVENUE OFFICER 3/14/23