(To be filled up by BIR) DLN: 0802303 160175

JHEA KIMBERLY O. GALANG
REVENUE OFFICER
3/16/23

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No. **1901**
January 2018(ENCS)

For Self-Employed (Single Proprietor/Professional), Mixed Income Individuals, Non-Resident Alien Engaged in Trade/Business, Estate and Trust
Fill in all applicable white spaces. Mark all appropriate boxes with an "X".

TIN to be issued, if applicable (To be filled in by BIR): - - - - 00001

Part I – Taxpayer Information

1 PhilSys Number (PSN):

2 Registering Office: ☑ Head Office ☒ Branch Office

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

4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN): 216 - 219 - 776 - 00000

5 RDO Code (To be filled up by BIR): 080

6 Taxpayer Type

- ☐ Single Proprietorship Only (Resident Citizen)
- ☐ Resident Alien – Single Proprietorship
- ☐ Resident Alien – Professional
- ☐ Professional – Licensed (PRC, IBP)
- ☐ Professional – In General
- ☐ Professional and Single Proprietor
- ☐ Mixed Income Earner – Compensation Income Earner & Single Proprietor
- ☐ Mixed Income Earner – Compensation Income Earner & Professional
- ☐ Mixed Income Earner – Compensation Income Earner, Single Proprietorship & Professional
- ☐ Non – Resident Alien Engaged in Trade/Business
- ☐ Estate – Filipino Citizen
- ☐ Estate – Foreign National
- ☐ Trust – Filipino Citizen
- ☐ Trust – Foreign National

7 Taxpayer's Name (If Individual) (Last Name) / (First Name) / (Middle Name) / (Suffix) / (Nickname):
Ybañez | Rogelio | Tuñacao | | |

(If ESTATE, ESTATE of First Name, Middle Name, Last Name, Suffix) / (If TRUST, FAO: First Name, Middle Name, Last Name, Suffix):

8 Gender: ☑ Male ☐ Female

9 Civil Status: ☐ Single ☐ Married ☐ Widow/er ☐ Legally Separated

10 Date of Birth/Organization Date (In case of Estate/Trust) (MM/DD/YYYY): 08/19/1955

11 Place of Birth: Poblacion, Lapu-Lapu

12 Mother's Maiden Name: Norma Vilo

13 Father's Name:

14 Citizenship: Filipino

15 Other Citizenship:

16 Local Residence Address

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

Barangay	Town/District	Municipality/City	Province	ZIP Code
Pusok		Lapu-Lapu City	Cebu	

17 Business Address

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

Barangay	Town/District	Municipality/City	Province	ZIP Code
Tayud		Liloan	Cebu	

18 Foreign Address:

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

20 Purpose of TIN Application:

21 Identification Details (e.g. passport, government issued ID, company ID, etc.)

Type	ID Number	Effective Date (MM/DD/YYYY)	Expiry Date (MM/DD/YYYY)	Issuer	Place/Country of Issue
Drivers License	G01-03-000941		08/09/2013	LTO	Philippines

22 Preferred Contact Type

☐ Landline Number	☐ Fax Number	☐ Mobile Number	Email Address (required)
		09662550968	rmy-machineshop@yahoo.com

23 Are you availing of the 8% income tax rate option in lieu of Graduated Rates? ☐ Yes ☐ No

PART II - Spouse Information

24 Employment Status of Spouse: ☑ Unemployed ☐ Employed Locally ☐ Employed Abroad ☐ Engaged in Business/Practice of Profession

25 Spouse Name (Last Name) / (First Name) / (Middle Name) / (Suffix):
Ybañez | Maria Teresa | Pino |

26 Spouse TIN: 000010

27 Spouse Employer's Name (Last Name, First Name, Middle Name, if Individual)(Registered Name, if Non-Individual):

28 Spouse Employer's TIN: 000010

PART III – Authorized Representative

29 Relationship Name (For Authorized Representative)

If Individual (Last Name) / (First Name) / (Middle Name) / Suffix:
Sy | Kenneth Anthony | Landag |

If Non-Individual (Registered Name):

TIN: 905-766-959

30 Relationship Start Date *(MM/DD/YYYY)*

31 Address Types ☐ Residence ☐ Place of Business ☐ Employer Address

32 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

33 Preferred Contact Type

☐ Landline Number	☐ Fax Number	☐ Mobile Number	Email Address *(required)*
		09662550968	rmy-machineshop@yahoo.com

Part IV – Business Information

34 Single Business Number

35 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			33120	
Secondary				

36 Incentives Details

36A Investment Promotion *(e.g. PEZA, BOI)*	36B Legal Basis *(e.g. RA, EO)*	36C Incentive Granted *(e.g. Exempt from IT,VAT,etc.)*

36D No. of Years	36E Incentive Start Date *(MM/DD/YYYY)*	36F Incentive End Date *(MM/DD/YYYY)*

37 Details of Registration / Accreditation

37A Registration / Accreditation Number	37B Effectivity Date *(MM/DD/YYYY)* FROM	*(MM/DD/YYYY)* TO	37C Date Issued *(MM/DD/YYYY)*

37D Registered Activity	37E Tax Regime *(Regular, Special, Exempt)*	37F Activity Start Date *(MM/DD/YYYY)*	37G Activity End Date *(MM/DD/YYYY)*

38 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)

38A Facility Code *(To be filled up by BIR)* F

38B Facility Type ☐ PP ☐ SP ☐ WH ☐ SR ☐ GG ☐ BT ☐ RP ☐ Other *(specify)*

38C 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 Type

39 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

40 Authority to Print Receipts and Invoices

40A Printer's Name	MICHAEL BANCHERO YEE	**40B** Printer's TIN	219 - 011 - 810 - 000
40C Printers Accreditation Number	080MP2019000002001	**40D** Date of Accreditation *(MM/DD/YYYY)*	01/03/2019

40E Registered Address

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

Barangay	Town/District	Municipality/City	Province	ZIP Code
BU 120		MANDAUE	CITY	

40F Contact Number | **40G** E-mail Address

40H Manner of Receipt/Invoices ☐ Bound ☐ Loose Leaf ☐ Others

40I 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	50			
BILLING STATEMENT	☐	☑	☐	26	50			
	☐	☐	☐	☐				
	☐	☐	☐	☐				

Part VII - For Employee with Two or More Employees (Multiple Employments) Within the Calendar Year

41 Type of Multiple Employments ☐ Successive employments *(With previous employer/s within the calendar year)* ☐ Concurrent employments *(With two or more employers at the same time with the calendar year)*

(If successive, enter previous employer/s; if concurrent, enter secondary employer/s)

Previous and Concurrent Employments During the Calendar Year

41A Name of Employer	**41B** TIN of Employer
	- - -
41C Name of Employer	**41D** TIN of Employer
	- - -

42 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.

ROLANDO T. YBAÑEZ
Taxpayer/Authorized Representative
(Signature over Printed Name)

Part VIII – Primary/Current Employer Information

43 Type of Registered Office ☐ Head Office ☐ Branch Office | **44** TIN - - - | **45** RDO Code

46 Employer Name If Individual *(Last Name)* *(First Name)* *(Middle Name)* *(Suffix)*

If **Non-Individual** *(Registered Name)*

47 Employer 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

48 Contact Details

Landline Number	Fax Number	Mobile Number	Email Address *(required)*

49 Relationship Start Date *(MM/DD/YYYY)* | **50 Municipality Code** *(To be filled up by BIR)*

51 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. 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.

ROLANDO T. YBAÑEZ
EMPLOYER/AUTHORIZED REPRESENTATIVE
(Signature over Printed Name)

Title/Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt

RECEIVED
16 MAR 2023

CDR F11BF
REVISED JAN2020

CHECKLIST OF DOCUMENTARY REQUIREMENTS
QF11-07.2020.00

BUREAU OF INTERNAL REVENUE

ANNEX "A3"

APPLICATION FOR REGISTRATION

BRANCH AND FACILITY

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.

REGISTRATION OF BRANCH

☑ 1 For Individual:
BIR Form No. 1901 version January 2018 (2 originals);
For Non-Individual:
BIR Form No. 1903 version January 2018 (2 originals);

☐ 2 ☐ 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);

N/A Web

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.

☐ 3 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 those exempt entities.

REGISTRATION OF FACILITY TYPE

☐ 1 For Individual:
BIR Form No. 1901 version January 2018 (2 originals);
For Non-Individual:
BIR Form No. 1903 version January 2018 (2 originals);

ADDITIONAL DOCUMENTS FOR BRANCH/FACILITY, IF APPLICABLE:

☑ 1 If transacting through a Representative:
For Individual:
1.3 Special Power of Attorney (SPA); (1 original)
1.4 Any government-issued ID of the authorized representative; (1 photocopy)

For Non-Individual:
1.3 Board Resolution indicating the purpose and the name of the authorized representative; or Secretary's Certificate; (1 original)
1.4 Any government-issued ID of the authorized representative; (1 photocopy)

☑ 2 DTI Certificate or SEC Registration Certificate (if with business name); (1 photocopy) (for Branch only)

☐ 3 Articles of Incorporation/Partnership (if line of business is different from the Head Office); (1 photocopy) (for Branch only)

☐ 4 Franchise Documents (e.g. Certificate of Public Convenience) (for Common Carrier); (1 photocopy) (for Branch only)

☐ 5 Franchise Agreement; (1 photocopy) (for Branch only)

☐ 6 Memorandum of Agreement (for JOINT VENTURE); (1 photocopy) (for Branch only)

☐ 7 Certificate of Authority, if Barangay Micro Business Enterprises (BMBE) registered entity; (1 photocopy)(for Branch only)

☐ 8 Proof of Registration/Permit to Operate BOI/BOI-ARMM, PEZA, BCDA, TIEZA/TEZA, SBMA, etc. (1 photocopy) (for Branch only)

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

Received by: MA. ANDREA F. GUIN, Revenue Officer — Date: 16 MAR 2023
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.

Date: _____

Name of Taxpayer/Representative
(Signature over printed name)

WE WANT TO SERVE YOU BETTER AND IMPROVE OUR CLIENT SERVICE STANDARDS.
TO FULFILL THIS, LET US KNOW WHAT YOU THINK AND HOW WELL DID WE SERVE YOU BY ANSWERING OUR CUSTOMER SATISFACTION SURVEY FORM.