To be filled up	by BIR ► DLN: Republika ng Pilipinas Kagawaran ng Panan Kawanihan ng Rent	s alapi as Internas	Applicatio			BIR Form No.
For Individ	duals Earning Purely Co	mpensation Income.	Registra			July 2008 (ENCS)
	Resident Citizens / Řesid plicable white spaces		e boxes with an "X".	Ne	w TIN to be issued,	if applicable (To be filled up by BIR)
1 Taxpaye	·· _	mployee nt Alien Employee	2 Date of Re (To be filled up	by BIR)		3 RDO Code (To be filled up by BIR)
Part I 4 TIN (For Taxpa	vyer w/ existing TIN		Taxpayer / Employ	yee Information 5 Sex	Male Female	6 Citizenship
7 Taxpaye ►	r's Name					8 Date of Birth
9 Local Re	Last Name esidence Address	F	irst Name	Middle Name		(MM/ DD/ YYYY) 10 Telephone No.
	No. (Include Building Nam	ne) Stro	eet	Barangay/Subdiv	ision	12 Municipality Code
13 Foreign	District/Municipali Residence Address	ity	City/Province	<b>`</b> •		•
►						
14 Tax Type Inco Part II			al Earning Compensation Personal Exe	n Income/Resident Alien I	Employee)	ATC II 011
15 ► Civil St	atus Single Legally separated	Widow Married	Widower	16 ⊾ Employment	Status of Spouse: Jnemployed Employed Locally Employed Abroad	
	with qualified depend		hout qualified dependen		Engaged in Business	s/Practice of Profession
18 Spouse	Husband claims addition Information	nal exemption and any	premium deduction	Wife claims additional (Attach Waiver of	exemption and any	
18A ►	Spouse Taxpayer Identi			Last Name	First Name	Middle Name
18C ▶	Spouse Employer's Ta	axpayer Identification N		oouse Employer's Name	Filst Name	
Part III 19 Names of	of Qualified Dependent (			legally adopted child chie		& living with the taxpayer; not
		support due	to mental or physical de	ifect).		of age, is incapable of self-
19A	Last Name	First Nam	19C	Middle Name	Date c ( MM / DD	
20A		20B	20C		►  20D	
21A	2	21B	210			
22A	2	22B	22C		22D	22E
	multiple employments			mployments) Within the	Calendar Year	
	Concurrent employment	ts (With two or more er	oyer(s) within the calenc nployers at the same tin it, enter secondary emp	ne within the calendar yea	ır)	
	TIN			ments During the Calenda Name of Empl		
		<u>    </u>				
	declare, under the pena					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 (EMPLOYEE) / AUTHORIZED AGENT (Signature over printed name)						
	Registered Office	HEAD OFFICE	Employer Informat	ion FFICE		
	r Identification Number			(To be	RDO Code e filled up by BIR)	
•	· · ·	-irst iname, middle Nar	ne, il muividuai/ Registe	red Name, if Non-Individu		
Address						
30 Zip Code ▶ 32 Telephor	(To be filled up by the BIR)	Code 33	B Effectivity Date (Date when Exemption In	formation is applied)	34 Date of Certification (Date of Certification Exemption Information)	on of the Accuracy of the
	declare, under the pena	ltico of poriury, that this	(MM/ DD/ s form has been made ir	n good faith, verified by	Sta	amp of BIR Receiving Office and Date of Receipt
National	Internal Revenue Code	edge and belief, is true	and correct, pursuant to			
	Internal Revenue Code EMPLOYER / AUTHOR	edge and belief, is true e, as amended, and the		er authority thereof.		Attachments Complete? (To be filled up by BIR)
АТТАСНМЕ		edge and belief, is true , as amended, and the IZED AGENT ted Name)	and correct, pursuant to e regulations issued und	er authority thereof.		

Marriage Contract, if applcable
 Waiver of husband to claim additional exemption, if applicable
 Birth Certificate/s of dependent/s, if applicable
 Employment Certificate or valid company ID with picture and signature, if available
 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.