

(To be filled out by BIR) DLN: \_\_\_\_\_



Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

# Application for Registration

BIR Form No.

# 1903

January 2024 (ENCS)

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

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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>						

### Part I - Taxpayer Information

3 Taxpayer Identification Number (TIN) <i>(For Taxpayer with existing TIN)</i>		-		-		-	0	0	0	0	0	0	4 RDO Code <i>(To filled out by BIR)</i>																			
5 Taxpayer Type	<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> One Person Corporation</td> <td><input type="checkbox"/> National Government Agency</td> </tr> <tr> <td><input type="checkbox"/> Domestic Corporation</td> <td><input type="checkbox"/> Local Government Unit</td> </tr> <tr> <td><input type="checkbox"/> Non-Stock, Non-Profit Organization</td> <td><input type="checkbox"/> Resident Foreign Corporation</td> </tr> <tr> <td><input type="checkbox"/> Joint Venture</td> <td><input type="checkbox"/> Regional Operating Headquarter</td> </tr> <tr> <td><input type="checkbox"/> General Professional Partnership (GPP)</td> <td><input type="checkbox"/> Regional or Area Headquarter</td> </tr> <tr> <td><input type="checkbox"/> General Partnership</td> <td><input type="checkbox"/> Non-Resident Foreign Corporation</td> </tr> <tr> <td><input type="checkbox"/> Limited Partnership</td> <td><input type="checkbox"/> Non-Resident Foreign Partnership</td> </tr> <tr> <td><input type="checkbox"/> Cooperative</td> <td><input type="checkbox"/> Foreign Embassy and International Organization</td> </tr> <tr> <td><input type="checkbox"/> Government Owned and Controlled Corporation (GOCC)</td> <td></td> </tr> </table>														<input type="checkbox"/> One Person Corporation	<input type="checkbox"/> National Government Agency	<input type="checkbox"/> Domestic Corporation	<input type="checkbox"/> Local Government Unit	<input type="checkbox"/> Non-Stock, Non-Profit Organization	<input type="checkbox"/> Resident Foreign Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Regional Operating Headquarter	<input type="checkbox"/> General Professional Partnership (GPP)	<input type="checkbox"/> Regional or Area Headquarter	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Non-Resident Foreign Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Non-Resident Foreign Partnership	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Foreign Embassy and International Organization	<input type="checkbox"/> Government Owned and Controlled Corporation (GOCC)	
<input type="checkbox"/> One Person Corporation	<input type="checkbox"/> National Government Agency																															
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<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Regional Operating Headquarter																															
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<input type="checkbox"/> Cooperative	<input type="checkbox"/> Foreign Embassy and International Organization																															
<input type="checkbox"/> Government Owned and Controlled Corporation (GOCC)																																

6 Registered Name <i>(Copy exact name appearing in SEC Certificate of Registration/Charter/Cooperative Development Authority/HLURB)</i>														
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7 Date of Incorporation/Organization/Cooperation <i>(MM/DD/YYYY)</i>		8 Taxable Year/Accounting Period	<input type="checkbox"/> Calendar Year	<input type="checkbox"/> Fiscal Year	9 Accounting Start Month <i>(For Fiscal Year Only)</i>		Effectivity Date <i>(MM/DD/YYYY)</i>							
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10 Business Address														
<i>Unit/Room/Floor/Building No.</i>			<i>Building Name/Tower</i>			<i>Lot/Block/Phase/House No.</i>			<i>Street Name</i>			<i>Subdivision/Village/Zone</i>		
<i>Barangay</i>			<i>Town/District</i>			<i>Municipality/City</i>			<i>Province</i>			<i>ZIP Code</i>		

11 Foreign Address, if applicable														
12 Municipality Code <i>(To be filled out by BIR)</i>														
13 Purpose of TIN Application														
14 Preferred Contact Type														
<input type="checkbox"/> Landline Number			<input type="checkbox"/> Fax Number			<input type="checkbox"/> Mobile Number			Official Email Address <i>(required)</i>					

### Part II - Taxpayer Classification

15 How much is your expected Annual Gross Sales (GS)?														
<input type="checkbox"/> <b>Micro</b> – GS is less than Three Million Pesos (₱3M) (Micro) <input type="checkbox"/> <b>Medium</b> – GS is Twenty Million Pesos (₱20M) to Less than One Billion Pesos (₱1B) <input type="checkbox"/> <b>Small</b> – GS is Three Million Pesos (₱3M) to less than 20 Million Pesos ((₱20M)) <input type="checkbox"/> <b>Large</b> – GS is One Billion Pesos (₱1B) and above														

### Part III - Authorized Representative

16 Relationship Name <i>(For Authorized Representative)</i>																													
If Individual			<i>(Last Name)</i>			<i>(First Name)</i>			<i>(Middle Name)</i>			<i>(Suffix)</i>		<i>(Nickname)</i>															
					Registered Name					Represented by:																			
If Non-Individual																													
17 Relationship Type																													
<input type="checkbox"/> Stockholder			<input type="checkbox"/> Member			<input type="checkbox"/> Tax Agent			<input type="checkbox"/> Employee			<input type="checkbox"/> Agent																	
18 TIN of Authorized Representative																													
<table border="1"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																													
19 Relationship Date <i>(MM/DD/YYYY)</i>																													
20 Address Type																													
<input type="checkbox"/> Residence																													
<input type="checkbox"/> Place of Business																													
21 Address																													
<i>Unit/Room/Floor/Building No.</i>			<i>Building Name/Tower</i>			<i>Lot/Block/Phase/House No.</i>			<i>Street Name</i>			<i>Subdivision/Village/Zone</i>																	
<i>Barangay</i>			<i>Town/District</i>			<i>Municipality/City</i>			<i>Province</i>			<i>ZIP Code</i>																	
22 Preferred Contact Type																													
<input type="checkbox"/> Landline Number			<input type="checkbox"/> Fax Number			<input type="checkbox"/> Mobile Number			Email Address <i>(required)</i>																				

### Part IV - Business Information

23 Single Business Number/Philippine Business Number																							
24 Primary/Secondary Industries <i>(attach additional sheet/s, if necessary)</i>																							
<table border="1"> <thead> <tr> <th style="width: 15%;">Industry</th> <th style="width: 55%;">Trade/Business Name</th> <th style="width: 30%;">Regulatory Body</th> </tr> </thead> <tbody> <tr> <td>Primary</td> <td></td> <td></td> </tr> <tr> <td>Secondary</td> <td></td> <td></td> </tr> </tbody> </table>															Industry	Trade/Business Name	Regulatory Body	Primary			Secondary		
Industry	Trade/Business Name	Regulatory Body																					
Primary																							
Secondary																							

Continuation of Part III Item 24

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

**25 Incentive Details**

<b>25A Investment Promotion</b> (e.g., PEZA, BOI)		<b>25B Legal Basis</b> (e.g., R.A., E.O.)		
<b>25C Incentive Granted</b> (e.g., Exempt from IT, VAT, etc.)		<b>25D No. of Years</b>		
<b>25E Incentive Start Date</b> (MM/DD/YYYY)		<b>25F Incentive End Date</b> (MM/DD/YYYY)		
<b>26 Details of Registration/Accreditation</b>				
<b>26A Registration/Accreditation Number</b>		<b>26B Effectivity Date</b> (MM/DD/YYYY)		<b>FROM</b>
				<b>TO</b>
<b>26C Date Issued</b> (MM/DD/YYYY)		<b>26D Registered Activity</b>		
<b>26E Tax Regime</b> (Regular, Special, Exempt)		<b>26F Activity Start Date</b> (MM/DD/YYYY)		<b>26G Activity End Date</b> (MM/DD/YYYY)

**Part V – Facility Details**

<b>27 Facility Details</b> (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)				
<b>27A Facility Code</b> (To be filled out by BIR)		<b>27B Facility Type</b>		
F		<input type="checkbox"/> PP	<input type="checkbox"/> SP	<input type="checkbox"/> WH
		<input type="checkbox"/> BT	<input type="checkbox"/> RP	<input type="checkbox"/> GG
		<input type="checkbox"/> Others (specify) _____		
<b>27C Facility Address</b>				
Unit/Room/Floor/Building No.	Building Name/Tower	Lot/Block/Phase/House No.	Street Name	Subdivision/Village/Zone
Barangay	Town/District	Municipality/City	Province	ZIP Code

**Part VI – Tax Types**

<b>28 Tax Types</b> (this portion determines your tax liability/ies) (To be filled out by BIR)				
<b>Form Type</b>		<b>ATC</b>		<b>Form Type</b>
<b>Income Tax</b>		<b>Value-Added Tax</b>		<b>ATC</b>
<input type="checkbox"/> Corporate Income Tax		<input type="checkbox"/>		
<input type="checkbox"/> Capital Gains – Real Property		<input type="checkbox"/>		
<input type="checkbox"/> Capital Gains – Stocks		<input type="checkbox"/>		
<b>Withholding Tax</b>		<b>Excise Tax</b>		
<input type="checkbox"/> Compensation		<input type="checkbox"/> Alcohol Products		
<input type="checkbox"/> Expanded		<input type="checkbox"/> Automobile & Non-Essential Goods		
<input type="checkbox"/> Final		<input type="checkbox"/> Cosmetic Procedures		
<input type="checkbox"/> Fringe Benefits		<input type="checkbox"/> Mineral Products		
<input type="checkbox"/> Value-Added Tax		<input type="checkbox"/> Petroleum Products		
<input type="checkbox"/> Other Percentage Tax		<input type="checkbox"/> Sweetened Beverages		
<input type="checkbox"/> ONETT not subject to CGT		<input type="checkbox"/> Tobacco Products		
<input type="checkbox"/> Percentage Tax on Winnings & Prizes		<input type="checkbox"/> Tobacco Inspection & Monitoring Fees		
<input type="checkbox"/> On Interest Paid on Deposits and Yield on Deposits/Substitutes		<input type="checkbox"/> Vapor Products		
<b>Percentage Tax</b>		<b>Documentary Stamp Tax (DST)</b>		
<input type="checkbox"/> Stocks		<input type="checkbox"/> Regular		
<input type="checkbox"/> Stocks-Initial Public Offering (IPO)		<input type="checkbox"/> One-Time Transactions (ONETT)		
<input type="checkbox"/> Overseas Dispatch And Amusement Taxes		<b>Transfer Tax</b>		
<input type="checkbox"/> Under Special Laws		<input type="checkbox"/> Donor's Tax		
<input type="checkbox"/> Other Percentage Taxes under NIRC (specify)		<input type="checkbox"/> Estate Tax		
		<b>Miscellaneous Tax (specify)</b>		
		Others (specify)		

**Part VII – Invoices**

<b>29 BIR Printed Invoices</b>				
<b>29A Do you intend to use BIR Printed Invoices?</b>		<b>29B Type</b>		<b>29C No. of Booklets</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> VAT <input type="checkbox"/> NON-VAT		
				<b>29D Serial Number</b>
				Start End
<b>30 Authority to Print Invoices</b>				
<b>30A Printer's Name</b>				
<b>30B Printer's TIN</b>		<b>30C Printer's Accreditation Number</b>		<b>30D Date of Accreditation (MM/DD/YYYY)</b>

30E Registered Address				
Unit/Room/Floor/Building No.	Building Name/Tower	Lot/Block/Phase/House No.	Street Name	Subdivision/Village/Zone
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Barangay	Town/District	Municipality/City	Province	ZIP Code
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

30F Contact Number (Landline/Cellphone No.)	30G Email Address
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

30H Manner of Invoices  Bound  Loose Leaf

30I 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 VIII – Stockholder/Partner/Member**

31 Stockholder's/Partner's/Member's Name (Attach additional sheet/s, if necessary)

31A (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name)	31B TIN
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
31C (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name)	31D TIN
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
31E (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name)	31F TIN
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
31G (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name)	31H TIN
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
31I (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name)	31J TIN
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

**Part IX – Withholding Agent/Accredited Tax Agent Information**

32 Taxpayer Identification Number (TIN)	<input style="width:100%;" type="text"/>	33 RDO Code	<input style="width:100%;" type="text"/>
34 Withholding Agent/Accredited Tax Agent's Name (If Individual, Last Name, First Name, Middle Name, Suffix)(If Non-Individual, Registered Name) (if different from taxpayer)			
<input style="width:100%;" type="text"/>			
35 Registered Address (Sub-street, Building/Street, Barangay, City/Municipality, Province)			
<input style="width:100%;" type="text"/>			
36 Contact Number (Landline/Mobile No.)			35A ZIP Code
<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>
37 Email Address		<input style="width:100%;" type="text"/>	

<p>38 Declaration</p> <p>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 information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.</p> <p>_____ President/Vice President/Principal Officer/Accredited Tax Agent/Authorized Representative/Taxpayer (Signature over Printed Name)</p> <p>_____ Title/Position of Signatory</p> <p>_____ TIN of Signatory</p> <p>_____ Tax Agent Accreditation No./Attorney's Roll No. (if applicable)</p> <p>_____ Date of Issue</p> <p>_____ Date of Expiry</p>	<p>Stamp of BIR Receiving Office and Date of Receipt</p>
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**Part X – Payment Order Form for New Business Registrant**  
(For BIR Payment Acceptance Only. Not to be filed in AABs)

<p>BIR Form No.</p> <p align="center"><b>0605</b></p> <p>(Part of BIR Form No. 1903)</p>	<p>39 Taxpayer's Identification Number (TIN) Branch Code</p> <p><input style="width:100%;" type="text"/></p>	<p>40 RDO Code</p> <p><input style="width:100%;" type="text"/></p>	<p>41 For the Year</p> <p><input style="width:100%;" type="text"/></p>
<p>42 Taxpayer's Name</p> <p><input style="width:100%;" type="text"/></p>			
<p><b>Payment Details</b> (To be filled out by BIR-Revenue Collection Officer)</p>			
<p>43 Date of Payment (MM/DD/YYYY)</p> <p><input style="width:100%;" type="text"/></p>			
	<p>eROR/ROR No.</p> <p>44</p>	<p>ATC</p> <p>MC200</p>	<p>Particulars</p> <p>BIR Printed Invoices</p> <p>44A</p>
45	Add: Penalties	Surcharge	Interest
45A	<input style="width:100%;" type="text"/>	45B	<input style="width:100%;" type="text"/>
45C	<input style="width:100%;" type="text"/>	45D	<input style="width:100%;" type="text"/>
46	Total Amount Payable (Sum of Items 44A and 45D)		46A
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>

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

(Please sign at the back.)

**Documentary Requirements:**

- 1. 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) **or** Cooperative Development Authority (CDA) Certificate of Registration; (1 photocopy) **or** Certificate of Registration issued by Housing and Land Use Regulatory Board (HLURB); (1 photocopy) **or** Certificate of Registration issued by Department of Labor and Employment (DOLE); (1 photocopy)
- 2. Articles of Incorporation; (1 photocopy) **or** Articles of Partnership; (1 photocopy) **or** Articles of Cooperation; (1 photocopy) **or** Articles of Association; (1 photocopy) **or** Constitution and by-laws of the applicant union; (for Labor Organization, Associations or Group of Union or Workers) (1 photocopy)
- 3.  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, 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 Board Resolution/Written Resolution (in case of OPC) or Secretary's Certificate, indicating the purpose and the name of the authorized representative; [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 one of the signatories and authorized representative. (1 photocopy, both with one specimen signature)
- 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)

**FOR GAs/LGUs**

- 1. Unit or Agency's Charter or Proof of Registration. (1 photocopy)

**FOR FOREIGN EMBASSIES**

- 1. Endorsement from Department of Foreign Affairs (DFA). (1 photocopy)

**FOR INTERNATIONAL ORGANIZATIONS**

- 1. Consularized/Apostilled Host Agreement or any international agreement. (1 photocopy)

**FOR NONRESIDENT FOREIGN CORPORATION (NRFC)**

- 1. Apostilled official documentation issued by an authorized government body (e.g. government agency (tax authority) thereof, or a municipality) that includes the name of the non-individual and the address of its principal office in the jurisdiction in which the non-individual was incorporated or organized (e.g. Articles of Incorporation, Certificate of Tax Residency); (1 certified true copy)  
  
Additional documents, if applicable:  
 If transacting through a Representative:
  - 1.1 Apostilled Board Resolution/Secretary's Certificate (or equivalent) indicating the purpose and name of authorized representative; (1 certified true copy, original for presentation)
  - 1.2 Any government-issued ID of one of the signatory and authorized representative; (1 photocopy)

**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**

- 1.  Payment of P30.00 Loose Stamp/s (DST) to be affixed on the Certificate of Registration if applicable.  
  
*Note: If the P30.00 loose DST was already paid, 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. 1903. (2 originals)

**ADDITIONAL DOCUMENTS FOR BRANCH/FACILITY, IF APPLICABLE:**

- 1. If transacting through a Representative
  - 1.1 Board Resolution/Written Resolution (in case of OPC) or Secretary's Certificate, indicating the purpose and the name of the authorized representative; [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 one of the signatories and authorized representative. (1 photocopy, both with one specimen signature)
- 2. Articles of Incorporation/Partnership (if line of business is different from the Head Office); (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. Memorandum of Agreement (for JOINT VENTURE); (1 photocopy) (for Branch only)
- 6. Certificate of Authority, if Barangay Micro Business Enterprises (BMBE) registered entity; (1 photocopy) (for Branch only)
- 7. 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/We declare, under the penalties of perjury, that this document 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.

*Stamp of BIR Receiving Office and Date of Receipt*

\_\_\_\_\_  
Signature over Printed Name of Taxpayer/Authorized Representative

\_\_\_\_\_  
Title/Position of Signatory