



Print the information that will be updated, supported by documents and sign the declaration. All information is required.

**TAXPAYER INFORMATION**

<p>▶ <b>1 TIN</b></p> <div style="display: flex; justify-content: space-between;"> <div style="display: flex; align-items: center;"> <input style="width: 40px; height: 25px; margin-right: 5px;" type="text"/> -              <input style="width: 40px; height: 25px; margin-right: 5px;" type="text"/> -              <input style="width: 40px; height: 25px; margin-right: 5px;" type="text"/> -              <input style="width: 100px; height: 25px;" type="text"/> </div> <div style="text-align: center;"> <p>Branch Code</p> </div> <div style="display: flex; align-items: center;"> <p>▶ <b>2 RDO CODE</b></p> <input style="width: 60px; height: 25px;" type="text"/> </div> </div>	<p>▶ <b>DLN</b> <i>For BIR Use Only</i></p> <input style="width: 100%; height: 25px;" type="text"/>			
<p>▶ <b>2 REGISTERED NAME</b> <i>(For individuals, Last Name, First Name Suffix, Middle Name)</i></p> <input style="width: 100%; height: 25px;" type="text"/>				
<p>▶ <b>3 BIRTH/INCORPORATION DATE</b> MM/DD/YYYY</p> <input style="width: 100%; height: 25px;" type="text"/>				
<p>CONTACT INFORMATION</p>	<p>▶ <b>4 TAXPAYER'S DESIGNATED OFFICIAL EMAIL ADDRESS</b></p> <input style="width: 100%; height: 25px;" type="text"/> <p><small>The designated email address should be of the taxpayer's official email address. This shall be used in serving BIR orders, notices, letters and other processes/communications to the taxpayers. The designated e-mail address shall be the official e-mail address of the registered individual or non-individual taxpayers and not the e-mail address of the authorized representative or tax agent.</small></p>	<p>▶ <b>5 MOBILE OR TELEPHONE NO.</b></p> <input style="width: 100%; height: 25px;" type="text"/>		
<p>UNIT/RM/FLR/BLDG NAME</p> <input style="width: 100%; height: 25px;" type="text"/>	<p>LT/BLK/PH/HOUSE NO./STREET NAME</p> <input style="width: 100%; height: 25px;" type="text"/>	<p>LT/BLK/PH/HOUSE NO./STREET NAME</p> <input style="width: 100%; height: 25px;" type="text"/>		
<p>TOWN/DISTRICT</p> <input style="width: 100%; height: 25px;" type="text"/>	<p>▶ <b>6 BARANGAY</b></p> <input style="width: 100%; height: 25px;" type="text"/>	<p>▶ <b>7 MUNICIPALITY/CITY</b></p> <input style="width: 100%; height: 25px;" type="text"/>	<p>▶ <b>8 PROVINCE</b></p> <input style="width: 100%; height: 25px;" type="text"/>	<p>▶ <b>9 ZIPCODE</b></p> <input style="width: 100%; height: 25px;" type="text"/>

**THIS PORTION SHALL BE ACCOMPLISHED BY INDIVIDUALS ONLY**

<p>PLACE OF BIRTH</p>	<p>▶ <b>10 PLACE OF BIRTH</b></p> <input style="width: 100%; height: 25px;" type="text"/>	
<p>PARENTS NAME</p>	<p>▶ <b>11 FATHER'S FULL NAME</b></p> <input style="width: 100%; height: 25px;" type="text"/>	<p>▶ <b>12 MOTHER'S FULL MAIDEN NAME</b></p> <input style="width: 100%; height: 25px;" type="text"/>
<p>SPOUSE'S INFORMATION <i>(If married)</i></p>	<p>▶ <b>13 SPOUSE'S TIN</b></p> <div style="display: flex; justify-content: space-between;"> <div style="display: flex; align-items: center;"> <input style="width: 40px; height: 25px; margin-right: 5px;" type="text"/> -              <input style="width: 40px; height: 25px; margin-right: 5px;" type="text"/> -              <input style="width: 40px; height: 25px; margin-right: 5px;" type="text"/> -              <input style="width: 60px; height: 25px; text-align: center; font-weight: bold;"/>00000             </div> <div style="text-align: center;"> <p>Branch Code</p> </div> </div>	<p>▶ <b>14 SPOUSE'S FULL NAME</b></p> <input style="width: 100%; height: 25px;" type="text"/>
<p>SPOUSE'S EMPLOYER'S INFORMATION <i>(If employed)</i></p>	<p>▶ <b>15 SPOUSE EMPLOYER'S TIN</b></p> <div style="display: flex; justify-content: space-between;"> <div style="display: flex; align-items: center;"> <input style="width: 40px; height: 25px; margin-right: 5px;" type="text"/> -              <input style="width: 40px; height: 25px; margin-right: 5px;" type="text"/> -              <input style="width: 40px; height: 25px; margin-right: 5px;" type="text"/> -              <input style="width: 60px; height: 25px;" type="text"/> </div> <div style="text-align: center;"> <p>Branch Code</p> </div> </div>	<p>▶ <b>16 SPOUSE EMPLOYER'S REGISTERED NAME</b></p> <input style="width: 100%; height: 25px;" type="text"/>
<p>TAXPAYER EMPLOYER'S INFORMATION <i>(If employed)</i></p>	<p>▶ <b>17 EMPLOYER'S TIN</b></p> <div style="display: flex; justify-content: space-between;"> <div style="display: flex; align-items: center;"> <input style="width: 40px; height: 25px; margin-right: 5px;" type="text"/> -              <input style="width: 40px; height: 25px; margin-right: 5px;" type="text"/> -              <input style="width: 40px; height: 25px; margin-right: 5px;" type="text"/> -              <input style="width: 60px; height: 25px;" type="text"/> </div> <div style="text-align: center;"> <p>Branch Code</p> </div> </div>	<p>▶ <b>18 EMPLOYER'S REGISTERED NAME</b></p> <input style="width: 100%; height: 25px;" type="text"/>

**AUTHORIZED REPRESENTATIVE / CONTACT PERSON** *(For Non-individual)*

<p>AUTHORIZED REPRESENTATIVE OR CONTACT PERSON INFORMATION</p>	<p>▶ <b>19 TIN</b></p> <div style="display: flex; justify-content: space-between;"> <div style="display: flex; align-items: center;"> <input style="width: 40px; height: 25px; margin-right: 5px;" type="text"/> -              <input style="width: 40px; height: 25px; margin-right: 5px;" type="text"/> -              <input style="width: 40px; height: 25px; margin-right: 5px;" type="text"/> -              <input style="width: 60px; height: 25px; text-align: center; font-weight: bold;"/>00000             </div> <div style="text-align: center;"> <p>Branch Code</p> </div> </div>	<p>▶ <b>20 POSITION/TITLE</b></p> <input style="width: 100%; height: 25px;" type="text"/>
<p>▶ <b>21 FULL NAME</b></p> <input style="width: 100%; height: 25px;" type="text"/>		

**DECLARATION**

<p>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.</p>	<p>Stamp of BIR Receiving Office and Date of Receipt</p>
<p>▶ <b>22 SIGNATURE OVER PRINTED NAME</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 40px; display: flex; align-items: center; justify-content: center;"> <p>TAXPAYER/AUTHORIZED REPRESENTATIVE</p> </div>	<p>▶ <b>23 DATE</b></p> <input style="width: 100%; height: 25px;" type="text"/>

You may submit this sheet via email to the Revenue District Office (RDO) where you are registered. For individuals, sender via email application should match with item 4 above if not transacting with a representative. You may scan the QR Code for the contact information and email address of the RDOs.



CHECKLIST OF REQUIREMENTS (scanned or photocopy)  
 Government ID of the taxpayer, if individual; or Birth Certificate;  
 Marriage Certificate;  
 If transacting through a representative:  
 SPA or Board Resolution/Secretary's Certificate; and  
 Government ID of the signatory and representative.