

BUREAU OF INTERNAL REVENUE

CHECKLIST OF DOCUMENTARY REQUIREMENTS

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CHECKLIST OF DOCUMENTARY ERQUIREMENTS

F1101
REVISED JAN2024

QF11-04.2024.00

►DLN:

APPLICATION FOR REGISTRATION

SELF-EMPLOYED INDIVIDUALS

Sole Proprietor, Professional, Professionals not regulated by the Professional Regulation Commission (PRC), such as Artist, Director, Freelancer, Mixed-Income Earner, Job Order, Service Contract Agreement, Online Seller, Vlogger, Blogger, Online Streamer, Social Media Influencer, Youtuber, Content Creator, Other Self-Employed:

IMPORTANT: [To be accomplished by taxpayer]

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

ONLINE APPLICATION VIA	ONLINE REGISTRATION	AND UPDATE
SYSTEM (ORUS)		

. Register a business online by visiting and creating an ORUS account at https://orus.bir.gov.ph.

Note: Taxpayers who registered their business online can generate, receive and print their electronic Certificate of Registration after online payment of P30.00 loose DST. Online registrants are required to comply with invoicing requirements by using BIR Printed Invoice or apply for an Authority to Print invoices.

STANDARD REQUIREMENTS	STA	ANDA	ARD	REOU	JIRI	EM.	EN'	TS
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	BIR FORM NO. 1901	(Z or	iginai	isj; [J	or m	anuai	арр	iicat	ionj	
2			_							Ī

2. • Any government-issued ID (e.g. PhilID/ePhilID, Passport, Driver's License/eDriver's License,) that shows the name, address, and birthdate of the applicant, in case the ID has no address, any proof of residence or business address; (1 photocopy) or

In case of the practice of profession regulated by PRC:

 Valid PRC ID and government ID showing address or proof of residence or business address. (1 photocopy)

Note: IDs shall be presented and should be readable, untampered and contains consistent information with the documents submitted upon application. For online application, selfie photo holding the ID shall be uploaded.

3. Buy BIR Printed Invoice (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

 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 online, 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 Special Power of Attorney (SPA) executed by the taxpayer-applicant indicating specific transaction; [1 original for first time submission, if authorized to more than one transaction, submit certified true copy (together with the original copy for presentation and validation only)]

Continue to the back page.

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Continua	tion
	1.2 Any government-issued ID of the taxpayer and authorized representative. (1 photocopy, both with one specimen signature)
	Note: For online application, selfie photo of the authorized representative holding the ID shall be uploaded.
2.	DTI Certificate (if with business name); (1 photocopy)
3.	Work Visa (9g) for Foreign Nationals; (1 photocopy)
4.	Service Contract showing the amount of income payment, for Job Order or Service Contract Agreement with NGAs, LGUs, GOCCs, GFIs; (1 photocopy)
5.	Franchise Documents (e.g. Certificate of Public Convenience) (for Common Carrier); (1 photocopy)
6.	Certificate of Authority, if Barangay Micro Business Enterprises (BMBE) registered entity; (1 photocopy)
7.	Proof of Registration/Permit to Operate BOI/BOI-ARMM, PEZA, BCDA, TIEZA/TEZA, SBMA, etc; (1 photocopy)

SUBMITT	ED BY:	
Sign here		Date:
•		
	Full Name of Taxpayer/Representative	
	(Signature over printed name)	
[FOR BIR	USE ONLY] RECEIVED BY:	
Sign here		Date:
•		
	Officer:	
	(Signature over printed name)	

RETURN OF DOCUMENT/S

Sign here

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.

Date:

	Evaluator/Officer				
	(Signature over printed name)				
ACKNOW	LEDGMENT BY THE APPLICANT:				
I		, of legal			
age, here	by 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", t	he government			
office or	agency shall not process deficient of	or incomplete			
applicatio	ns or requests.				
Sign here		Date:			

Full Name of Taxpayer/Representative

(Signature over printed name)

DATA PRIVACY NOTICE

The Bureau is committed to protect the information herein provided. Information provided are for documentation purposes not to be shared with other parties. This CDR shall be kept in a secured place in the office that received the application for the period prescribed under existing BIR policy. Thereafter, it shall be disposed of through shredding.

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.



CHECKLIST OF DOCUMENTARY CREQUIREMENTS

F11ET REVISED JAN2024

QF11-17.2024.00

►DLN:

APPLICATION FOR REGISTRATION

ESTATE AND TRUST

IMPORTANT: [To be accomplished by taxpayer]

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

STA	NDA	ARD REQUIREMENTS
	1.	BIR Form No. 1901 (2 originals);
	2.	For Estate with properties subject to Estate taxes or Estate under judicial settlement: Death Certificate of the decedent; (1 photocopy) Note: Request for the cancellation of decedent's TIN by the heir or administrator or executor. For Trust (irrevocable): Irrevocable Trust Agreement. (1 photocopy)
FEE	S T () BE PAID
	1.	NONE
ADI	ITI	ONAL DOCUMENTS, IF APPLICABLE:
	1.	If transacting through a Representative:
		 Special Power of Attorney (SPA) executed by the Trustee/Trustor authorizing to process application for TIN of Trust; [1 original for first time submission, submit certified true copy (together with the original copy for presentation and validation only)] Any government-issued ID of the taxpayer/trustee/trustor in the trust agreement and authorized representative. (1 photocopy, both with one specimen signature).
		If transacting through an Administrator or Executor or
		Heir:
		1.1 Document/s to prove as the administrator or executor or heir (1 original);
		1.2 Any government-issued ID of the administrator or executor. (1 photocopy, with one specimen signature)

SUBMITTED BY:					
Sign here		Date:			
>					
	Full Name of Administrator/Executor/				
	Representative				
	(Signature over printed name)				
[FOR BIR U	SE ONLY] RECEIVED BY:				
Sign here		Date:			
>	Officer: (Signature over printed name)				

Continue to the back page.

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.

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.

Sign here		Date:
•	Evaluator/Officer (Signature over printed name)	
ACKNOW	LEDGMENT BY THE APPLICANT:	
requirement IRR of RA Efficient Coffice or application	eby acknowledge the identified lacking ent/s (marked "X") and understand that properties the state of Doin Government Service Delivery Act of 2018", the agency shall not process deficient ons or requests.	oursuant to the g Business and he government
Sign here		Date:
>	Full Name of Administrator/Executor/ Representative (Signature over printed name)	

DATA PRIVACY NOTICE

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[This CDR shall be attached as cover sheet of the application.]



CHECKLIST OF DOCUMENTARY REQUIREMENTS

Continuation

OF11-05.2024.00

► DLN:

APPLICATION FOR REGISTRATION

CORPORATIONS, PARTNERSHIPS, COOPERATIVES, ASSOCIATIONS (TAXABLE OR NON-TAXABLE)

Domestic Corporation, One Person Corporation (OPC), Partnership, Resident Foreign Corporation, Cooperative, Association

IMPORTANT: [To be accomplished by taxpayer]

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

		•
		APPLICATION VIA ONLINE REGISTRATION AND UPDATE I (ORUS)
	1.	Register a business online by visiting and creating an ORUS account at https://orus.bir.gov.ph.
		Note: Taxpayers who registered their business online can generate, receive and print their electronic Certificate of Registration after online payment of P30.00 loose DST. Online registrants are required to comply with invoicing requirements by using BIR Printed Invoice or apply for an Authority to Print invoices.
STA	NDA	ARD REQUIREMENTS
	1.	BIR Form No. 1903; (2 originals) [for manual application]
	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) 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)
- 3. Articles of Incorporation; (1 photocopy) or
 - Articles of Partnerships; (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, Assoc. or Group of Union or Workers] (1photocopy)
 - ☐ Buy BIR Printed Invoice (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

 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 online, the proof of payment (1 photocopy) shall be submitted.

Procured printing cost of BPI, if opted to use

ADDITIONAL DOCUMENTS, IF APPLICABLE:

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 time submission, if authorized to more than one transaction, submit certified true copy (together with the original copy for presentation and validation only)]

Continue to the back page.

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			1.2 Any government-issued ID of one of th authorized representative. (1 photoc one specimen signature)	
			Note: For online application, selfie photo of a representative holding the ID shall be uploated	
ľ		2.	Franchise Documents (e.g. Certificate of Pu	blic
ŀ	$\overline{\Box}$	3.	Convenience) (for Common Carrier); (1 ph Franchise Agreement; (1 photocopy)	otocopy)
ŀ	$\frac{\square}{\square}$	4.	Memorandum of Agreement (for JOINT	VENTURE). (1
ļ			photocopy)	
		5.	Certificate of Authority, if Barangay M Enterprises (BMBE) registered entity; (1 pl	
İ		6.	Proof of Registration/Permit to Operate B	OI/BOI-ARMM,
l	FOR	CA.	PEZA, BCDA, TIEZA/TEZA, SBMA, etc; (1 ph Is/LGUs (Manual Registration at the RDO ON	
ľ		1.	BIR Form No. 1903; (2 originals)	L1)
ŀ	$\frac{\mathcal{L}}{\mathcal{L}}$	2.	Unit or Agency's Charter or Proof of Registr	ration. (1
ŀ	EOD	EO	photocopy) REIGN EMBASSIES (Manual Registration at t	h a DDO ONLY)
I	TOR	1.	BIR Form No. 1903; (2 originals)	ne kdo onli j
ŀ	$\frac{3}{10}$	2.	Endorsement from Department of Foreign	Affairs (DFA).
ļ	FOR	INIT	(1 photocopy)	
ı			TERNATIONAL ORGANIZATIONS (Manual Re OONLY)	gistration at
		1.	BIR Form No. 1903; (2 originals)	
		2.	Consularized/Appostillized Host Agreemer international agreement. (1 photocopy)	nt or any
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- 1				
	Sign	her	e	Date:
		her	Full Name of Taxpayer/Representative	Date:
	Sign	•	Full Name of Taxpayer/Representative (Signature over printed name)	Date:
	Sign	R BI	Full Name of Taxpayer/Representative (Signature over printed name) R USE ONLY] RECEIVED BY:	Date:
	Sign [FO]	R BI	Full Name of Taxpayer/Representative (Signature over printed name) R USE ONLY] RECEIVED BY:	
	Sign [FO]	R BI	Full Name of Taxpayer/Representative (Signature over printed name) R USE ONLY] RECEIVED BY: e Officer:	
	Sign [FO] Sign	R BI	Full Name of Taxpayer/Representative (Signature over printed name) R USE ONLY] RECEIVED BY: e Officer: (Signature over printed name)	
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	FOI Sign RET Upo and the above Sign ACK I age, require IRR Efficients	R BI her its a sider we for her hearing of Ficien	Full Name of Taxpayer/Representative (Signature over printed name) R USE ONLY] RECEIVED BY: e Officer: (Signature over printed name) N OF DOCUMENT/S reliminary evaluation of the completeness of supporting documents, the applicant has bentified lacking documentary requirement/s or completion or resubmission of application or completion or resubmission of application (Signature over printed name) WLEDGMENT BY THE APPLICANT: reby acknowledge the identified lacking ment/s (marked "X") and understand that printed the support of the complete of the support of the complete of the	Date: the application en informed of (marked "X") Date: Date: Date:
	FOI Sign RET Upo and the above Sign ACK I age, require IRR Efficient of the office of the office of the control of the c	R BI her its:	Full Name of Taxpayer/Representative (Signature over printed name) R USE ONLY] RECEIVED BY: e Officer: (Signature over printed name) N OF DOCUMENT/S reliminary evaluation of the completeness of supporting documents, the applicant has bentified lacking documentary requirement/s or completion or resubmission of application or completion or resubmission of application (Signature over printed name) WLEDGMENT BY THE APPLICANT: reby acknowledge the identified lacking ment/s (marked "X") and understand that part and the part of the process deficient consorrequests.	Date: the application en informed of (marked "X") Date: Date: Date:

DATA PRIVACY NOTICE

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Full 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



CHECKLIST OF DOCUMENTARY F11PBH REQUIREMENTS SREVISED JAN2024

QF11-16.2024.00

► DLN:

APPLICATION FOR REGISTRATION

THRU PHILIPPINE BUSINESS HUB (PBH)

Self-employed, Domestic Corporation, One Person Corporation (OPC), Partnership, Foreign Corporation

IMPORTANT: [To be accomplished by taxpayer]

- 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.

MAN	NUA	L ISSUANCE OF CERTIFICATE OF REGISTRATION
	1.	Printed copy of PBH Unified Form; (2 originals)
	2.	Accomplished Tax Type Questionnaire; (1 original)
	3.	☐ Buy BIR Printed Invoice (Available for sale at the New Business Registrant Counter); or
		☐ BIR Form No. 1906 (2 originals) and 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.
FEE	STO) BE PAID
	1.	 Printed copy of BIR Form No. 0605 (2 originals) for the payment of P30.00 Loose Stamp/s (DST) to be affixed on the Certificate of Registration.
FIF	СTD	 Procured printing cost of BPI, if opted to use. ONIC GENERATION OF CERTIFICATE OF REGISTRATION
Taxı Regi requ	paye istra uiree	ers who generated and received their electronic Certificate of ation after online payment of P30.00 loose DST thru PBH are d to comply with invoicing requirements by using BIR Printed or apply for an Authority to Print invoices.
	1.	☐ Buy BIR Printed Invoice (Available for sale at the New
		Business Registrant Counter); or
		☐ BIR Form No. 1906 (2 originals) and 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.
ADD	ITI	ONAL DOCUMENTS, IF APPLICABLE:
	1.	If transacting through a Representative:
_		For Individual:
		1.1 Special Power of Attorney (SPA) executed by the taxpayer-applicant indicating specific transaction; [1 original for first time submission, if authorized to more than one transaction, submit certified true copy (together with the original copy for presentation and validation only)]
		validation only)] 1.2 Any government-issued ID of the taxpayer and authorized representative. (1 photocopy, both with one specimen signature)
		For Corporation/Non-individual
		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 time submission, if authorized to more than one transaction, submit certified true copy (together with the original copy for presentation and religious copy).
		the original copy for presentation and validation only)] 1.2 Any government-issued ID of one of the signatory and authorized representative. (1 photocopy, both with one

			[Back Page.]		
ntir	ntinuation				
		Note: For online application, selfie photo of representative holding the ID shall be upload			
	2.	Franchise Documents (e.g. Certificat Convenience) (for Common Carrier); (1 pho			
	3.	Franchise Agreement; (1 photocopy)			
	4.	Memorandum of Agreement (for JOINT photocopy)	VENTURE); (1		
	5.	Certificate of Authority, if Barangay M Enterprises (BMBE) registered entity; (1 pl			
	6.	Proof of Registration/Permit to Operate B PEZA, BCDA, TIEZA/TEZA, SBMA, etc; (1 ph			
		TED BY:			
ign l	here		Date:		
		•			
		Full Name of Taxpayer/Representative			
		(Signature over printed name)			
FOR	R BII	R USE ONLY] RECEIVED BY:			
ign l	here		Date:		
	_	Officer: (Signature over printed name)			

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.

Sign here		Date:
•	Evaluator/Officer	
	•	
	(Signature over printed name)	
ACKNOW	LEDGMENT BY THE APPLICANT:	
I		, of legal
age, here	by acknowledge the identified lacking	documentary
requireme	ent/s (marked "X") and understand that p	ursuant to the
IRR of RA	11032 otherwise known as "Ease of Doin	g Business and
Efficient C	Sovernment Service Delivery Act of 2018", t	he government
office or	agency shall not process deficient	or incomplete
applicatio	ns or requests.	-
Sign here	•	Date:
	Full Name of Taxpayer/Representative	
	(Signature over printed name)	

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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.

specimen signature)



CHECKLIST OF DOCUMENTARY REOUIREMENTS

OF11-07.2024.00

► DLN:

PLICATION FOR REGISTRATION

BRANCH AND FACILITY

IMPORTANT: [To be accomplished by taxpayer]

- 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.

		APPLICATION VIA ONLINE REGISTRATION AND UPDATE I (ORUS)
	1.	Register a branch and facility online thru Head Office account enrollment by visiting and creating an ORUS account at https://orus.bir.gov.ph. Note: Taxpayers who registered their business online can generate, receive and print their electronic Certificate
		of Registration after online payment of P30.00 loose DST. Except for Facility, online registrants (branch) are required to comply with invoicing requirements by using BIR Printed Invoice or apply for an Authority to Print invoices.
REG	IST	RATION OF BRANCH
	1.	BIR Form No. 1901 for individual/1903 for non-individual; (2 originals) [for manual application]
	2.	☐ Buy BIR Printed Invoice (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

Accredited Printer who will print the invoices. REGISTRATION OF FACILITY

BIR Form No. 1901 for individual/1903 for non-individual; (2 originals) [for manual application]

Note: In case taxpayer-applicant will opt to print its own

invoices, taxpayer-applicant should choose an

- Payment of P30.00 Loose Stamp/s (DST) to be affixed on the Certificate of Registration.
 - Procured printing cost of BPI, if opted to use. [for Branch only]

ADDITIONAL DOCUMENTS, IF APPLICABLE:

Registrant Counter)

If transacting through a Representative:

For Individual:

- 1.1 Special Power of Attorney (SPA) executed by the taxpayer-applicant indicating specific transaction; [1 original for first time 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 the taxpayer and authorized representative. (1 photocopy, both with one specimen signature)

For Corporation/Non-individual

- 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 time 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 signatory and authorized representative. (1 photocopy, both with one specimen signature)

Continue to the back page.

Continuation							
2. DTI Certificate or SEC Registration C		ificate (if with					
)		business name); (1 photocopy) (for Brand					
3. Articles of Incorporation/Partnership (if line of busine							
		is different from the Head Office); (1 p	hotocopy) (for				
		Branch only)					
	4.	Franchise Documents (e.g. Certifica					
		Convenience) (for Common Carrier); (1 p					
	5.	Franchise Agreement; (1 photocopy) (for					
	6.	Memorandum of Agreement (for JOINT	VENTURE); (1				
		photocopy) (for Branch only)					
	7.	Certificate of Authority, if Barangay Micro					
		Enterprises (BMBE) registered entity; (1	photocopy)				
		(for Branch only)					
	8.	Proof of Registration/Permit to Ope					
)		ARMM, PEZA, BCDA, TIEZA/TEZA, S	SBMA, etc; (1				
			photocopy) (for Branch only)				
SUBM		ED BY:					
SUBM Sign h		ED BY:	Date:				
		ED BY:	Date:				
		ED BY: Full Name of Taxpayer/Representative	Date:				
			Date:				
Sign h	ere •	Full Name of Taxpayer/Representative	Date:				
Sign h	ere •	Full Name of Taxpayer/Representative (Signature over printed name)	Date:				
Sign h	ere •	Full Name of Taxpayer/Representative (Signature over printed name)					
Sign h	ere •	Full Name of Taxpayer/Representative (Signature over printed name)					
Sign h	ere •	Full Name of Taxpayer/Representative (Signature over printed name) USE ONLY] RECEIVED BY:					
Sign h	ere •	Full Name of Taxpayer/Representative (Signature over printed name) USE ONLY] RECEIVED BY: Officer:					
Sign h	BIR ere	Full Name of Taxpayer/Representative (Signature over printed name) USE ONLY] RECEIVED BY: Officer:					
[FOR Sign ho	BIR ere	Full Name of Taxpayer/Representative (Signature over printed name) USE ONLY] RECEIVED BY: Officer: (Signature over printed name)	Date:				
[FOR Sign ho	BIR ere	Full Name of Taxpayer/Representative (Signature over printed name) USE ONLY] RECEIVED BY: Officer: (Signature over printed name) OF DOCUMENT/S	Date:				
[FOR Sign ho	BIR ere	Full Name of Taxpayer/Representative (Signature over printed name) USE ONLY] RECEIVED BY: Officer: (Signature over printed name) OF DOCUMENT/S iminary evaluation of the completeness of	Date: the application en informed of				
[FOR Sign ho	BIR ere	Full Name of Taxpayer/Representative (Signature over printed name) USE ONLY] RECEIVED BY: Officer: (Signature over printed name) OF DOCUMENT/S iminary evaluation of the completeness of pporting documents, the applicant has been	Date: the application en informed of (marked "X")				

Sign here

0		
ACKNOW	Evaluator/Officer (Signature over printed name) LEDGMENT BY THE APPLICANT:	
requirement IRR of RA Efficient Confice or	by acknowledge the identified lacking ent/s (marked "X") and understand that p 11032 otherwise known as "Ease of Doin overnment Service Delivery Act of 2018", t agency shall not process deficient ns or requests.	oursuant to the g Business and he governmen
Sign here	•	Date:
	Full Name of Taxpayer/Representative (Signature over printed name)	

Date:

DATA PRIVACY NOTICE

The Bureau is committed to protect the information herein provided. Information provided are for documentation purposes not to be shared with other parties. This CDR shall be kept in a secured place in the office that received the application for the period prescribed under existing BIR policy. Thereafter, it shall be disposed of through shredding.

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.



CHECKLIST OF DOCUMENTARY REQUIREMENTS

OF11-03.2024.00

► DLN:

APPLICATION FOR REGISTRATION

EMPLOYEES

Registration of Hired Employees is thru Employer

IMPORTANT: [To be accomplished by taxpayer]

- 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.

ONLINE APPLICATION VIA	ONLINE REGISTRATION AND UPDATE
SYSTEM (ORUS)	

Application for TIN of employees (already hired) is thru his/her employer via Online Registration and Update System (ORUS). Employer shall create an ORUS account and enroll in 'Employer Service Link at https://orus.bir.gov.ph.

STANDARD	REQUIREMENTS -	LOCAL	EMPLOYEES	(ALREADY
HIDED				

1.	BIR Form No. 1902 (2 originals); [for manual application]
2.	 Any government-issued ID (e.g. PhilID/ePhilID, Passport, Driver's License/eDriver's License,) that shows the name, address, and birthdate of the applicant, in case the ID has no address, any proof of residence or business address; (1 photocopy)

Note: For online application, selfie photo holding the ID shall be uploaded.

FOREIGN NATIONAL/ALIEN EMPLOYEE

Passport (Bio page, including date of entry/arrival and exit/departure stamp, if applicable); (1 photocopy)

> Note: For online application, selfie photo holding the ID shall be uploaded.

For International Gaming Licensee (IGL) or POGO **Employees Only -**

> Employment contract or equivalent document indicating the duration of employment, compensation and other benefits, and scope of duties. (1 certified true copy)

FEES TO BE PAID

None

ADDITIONAL DOCUMENTS, IF APPLICABLE, FOR LOCAL & ALIEN:

- Marriage Contract, for married female; (1 photocopy)
 - In the case of employer manually securing TIN on behalf of its employees due system unavailability or technical issue:
 - a) Letter of Authority (LOA) with company letterhead (if applicable) signed by the President or HR Head indicating the company name and its authorized representative; (1 original)
 - b) Any government-issued ID of the signatory (for signature validation); (1 certified true copy with one specimen signature)
 - c) Any government-issued ID of the authorized person; (1 photocopy with one specimen signature)
 - d) Transmittal List of Newly Hired Employees with a place of assignment and certifying that the list is its newly hired employees; (1 original)
 - e) Printed copy of ORUS error message. (1 original)

Continue to the back page.

[Back Page.]

Date:

Continuation				
SUBMITTED BY:				
Sign here		Date:		
•				
	Full Name of Taxpayer/Representative			
	(Signature over printed name)			
[FOR BIR	USE ONLY] RECEIVED BY:			
Sign here		Date:		
	Officer:			
	(Signature over printed name)			
RETURN OF DOCUMENT/S				

Sign here

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.

ACKNOW	Evaluator/Officer (Signature over printed name) LEDGMENT BY THE APPLICANT:	
I age, here requireme IRR of RA Efficient G	by acknowledge the identified lacking ent/s (marked "X") and understand that p 11032 otherwise known as "Ease of Doin overnment Service Delivery Act of 2018", t agency shall not process deficient	oursuant to the g Business and he government
	ns or requests.	1
Sign here		Date:
>	Full Name of Taxpayer/Representative (Signature over printed name)	

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CHECKLIST OF DOCUMENTARY REQUIREMENTS

F1104
REVISED JAN2024

QF11-01.2024.00

►DLN:

APPLICATION FOR REGISTRATION

PURELY TIN ISSUANCE

IMPORTANT: [To be accomplished by taxpayer]

- Processing of transactions commences only upon submission of complete documents. <u>INCOMPLETE REQUIREMENTS WILL BE RETURNED TO APPLICANT/WILL NOT BE PROCESSED.</u>
- 2. Mark " \checkmark " for submitted documents and "X" for lacking documents.

FUR		0. 98 & ONETT - INDIVIDUAL (LOCAL & RESIDENT ALIEN)
	1.	BIR Form No. 1904 (2 originals); [for manual application]
	2.	 Any government-issued ID (e.g. PhilID/ePhilID, Passport, Driver's License/eDriver's License,) that shows the name, address, and birthdate of the applicant, in case the ID has no address, any proof of residence or business address; (1 photocopy)
		Note: For online application, selfie photo holding the ID shall be uploaded.
		For transfer of properties by succession
		 Death Certificate of decedent or Extrajudicial Settlement of the Estate/Affidavit of Self Adjudication; (1 photocopy)
		Additional Documents, if applicable:
\cup		Marriage Contract, for married female; (1 photocopy) If transacting through a Representative:
		2.1 Special Power of Attorney (SPA) executed by the
		taxpayer-applicant indicating the purpose and name of authorized representative; (1 original)
		2.2 Any government-issued ID of the taxpayer and authorized representative. (1 photocopy, both with one specimen signature)
		Note: For online application, selfie photo of the authorized representative holding the ID shall be uploaded. 3. For First Time Job Seeker – Barangay Certification that the applicant is a resident of the barangay and is a First Time Job Seeker. (1 certified true copy)
FOR	E.C). 98 – FOREIGN NATIONAL (NONRESIDENT)
	1.	BIR Form No. 1904 (2 originals); [for manual application]
	2.	 Passport (Bio page, including date of entry/arrival and exit/departure stamp, if applicable); (1 photocopy)
		Note: For online application, selfie photo holding the ID shall be uploaded.
		Additional Documents, if applicable: 3. If transacting through a Representative:
		3.1 Apostilled Special Power of Attorney (SPA) or authenticated by the Philippine Embassy or Consulate General, indicating the purpose and
		name of authorized representative; (1 certified
\cup		true copy, original for presentation) 3.2 Any government-issued ID of the taxpayer and
		authorized representative. (1 photocopy)
		Note: For online application, selfie photo of the authorized representative holding the ID shall be uploaded.
		4. For International Gaming Licensee (IGL) or POGO
		Employees -
		Employment contract or equivalent document indicating the duration of employment, compensation
		and other benefits and scope of duties (1 certified true

copy)

ontinua	tion		[=========
		RESIDENT FOREIGN CORPORATION (NRFO	<u> </u>
	1.	BIR Form No. 1903 (2 originals); [for man application]	
	2.	 Any Apostilled official documentation authorized government body (e.g. agency (tax authority) thereof, or an that includes the name of the non-indiv address of its principal office in the ju- which the non-individual was inco- organized (e.g. Articles of Incorporation of Tax Residency); (1 certified true cop 	government municipality) idual and the irisdiction in rporated or n, Certificate
		Additional Documents, if applicable:	
		3. If transacting through a Representative 3.1 Apostilled Board Resolution Certificate (or equivalent) inc purpose and name of representative; (1 certified true of for presentation); 3.2 Any government-issued ID of one signatory and authorized represer photocopy)	n/Secretary's licating the authorized opy, original
		рпососоруј	
		Note: For online application, selfie authorized representative holding t uploaded.	
FEES '	ТОІ	BE PAID	
	1.	None	
		ED BY:	D .
Sign h	ere		Date:
		Full Name of Taxpayer/Representative (Signature over printed name)	
[FOR]	RIR	USE ONLY] RECEIVED BY:	
Sign h		REGERVES ST.	Date:
		Officer:	
		(Signature over printed name)	
DETH	DM-	OF DOCUMENT/S	
Upon and it the id	prel s su lent	liminary evaluation of the completeness of a pporting documents, the applicant has begined lacking documentary requirement/s completion or resubmission of application	en informed of (marked "X")
Sign h	ere		Date:
		Evaluator/Officer (Signature over printed name)	
ACKN	ΟW	LEDGMENT BY THE APPLICANT:	
	<i>-</i>		
requir IRR of Efficie	rem f RA ent (or	0 1	oursuant to the g Business and he government
		ns or requests.	Data
applic Sign h		ons or requests.	Date:

DATA PRIVACY NOTICE

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(Signature over printed name)

[This CDR shall be attached as cover sheet of the application.]



CHECKLIST OF DOCUMENTARY REQUIREMENTS

F1106REVISED JAN2024

QF11-08.2024.00

►DLN:

APPLICATION FOR

AUTHORITY TO PRINT (ATP) INVOICES

IMPORTANT: [To be accomplished by taxpayer]

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

		W AND SUBSEQUENT APPLICATION OF ATP – L BOUND INVOICES	
	1.	BIR Form No. 1906; (2 originals) [for manual	application]
	2.	Note: Taxpayer-applicant should choose an Ad Printer of Invoices Final clear sample of OWN Invoices/ Invoices; (1 original) or	
	3.	For subsequent application: Last issued ATP (1 photocopy) or Printer Cer Delivery (PCD) (1 photocopy); or Any bookle issued ATP. (Booklet need to be presented)	
		W AND SUBSEQUENT APPLICATION OF ATP – L LOOSE LEAF INVOICES	
	1.	BIR Form No. 1906; (2 originals) [for manual	application]
		Note: Taxpayer-applicant should choose an Ac Printer of Invoices	ccredited
	2.	Permit to Use Loose Leaf Invoices; (1 photoc	opy)
	3.	Final clear sample of OWN Invoices/Supplen (1 original)	nentary Invoices
	4.	Last issued ATP for subsequent application. ([1 photocopy]
FEE) BE PAID	
	1.	None	
ADI		ONAL DOCUMENTS, IF APPLICABLE:	
	1.	If transacting through a Representative: For Individual:	
		 1.1 Special Power of Attorney (SPA) ex taxpayer-applicant indicating specific transpayer in a specific transpaye	ansaction; f authorized to ified true copy esentation and taxpayer and
		For Corporation/Non-individual	
		 1.1 Board Resolution/Written Resolution (i or Secretary's Certificate, indicating the p name of the authorized representative; first time submission, if authorized to transaction, submit certified true copy the original copy for presentation and va 1.2 Any government-issued ID of one of the authorized representative. (1 photocopy specimen signature) 	ourpose and the [1 original for more than one (together with lidation only)] e signatory and
		TED BY:	Data
Sigi	n he	>	Date:
		Full Name of Taxpayer/Representative	
[FOI	R BI	(Signature over printed name) R USE ONLY RECEIVED BY:	<u> </u>
	n he		Date:
		Officer:	

Continuation...

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.

Sign here		Date:
	Evaluator/Officer	
	(Signature over printed name)	
ACKNOW	LEDGMENT BY THE APPLICANT:	
I		, of legal
	eby acknowledge the identified lacking	•
requirem	ent/s (marked "X") and understand that p	oursuant to the
IRR of RA	11032 otherwise known as "Ease of Doin	g Business and
Efficient (Government Service Delivery Act of 2018", t	he government
office or	agency shall not process deficient	or incomplete
applicatio	ns or requests.	
Sign here		Date:
	Full Name of Taxpayer/Representative	
	(Signature over printed name)	

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

[This CDR shall be attached as cover sheet of the application.]

(Signature over printed name)



CHECKLIST OF DOCUMENTARY & F1105B REQUIREMENTS

QF11-09.2024.00

► DLN:

APPLICATION FOR

REGISTRATION OF BOOKS OF ACCOUNTS

IMPORTANT: [To be accomplished by taxpayer]

1. Processing of transactions commences only upon submission of complete documents. **INCOMPLETE REQUIREMENTS WILL BE**

		URNED TO APPLICANT/WILL NOT BE PROCESSED.
		k " \checkmark " for submitted documents and "X" for lacking documents.
		: APPLICATION VIA ONLINE REGISTRATION AND UPDATE 1 (ORUS)
	1.	Visit and create an ORUS account at https://orus.bir.gov.ph.
		Note: Upon successful registration, the system shall generate the "QR Stamp", which the taxpayers shall paste on the first page of Books of Accounts.
REG	IST.	L APPLICATION – RATION OF MANUAL BOOKS OF ACCOUNTS (NEW OR
SUB	SEQ	UENT)
	1.	BIR Form No. 1905; (2 originals)
	2.	New set of permanently bound books of accounts.
		.L APPLICATION – RATION OF MANUAL LOOSE LEAF BOOKS OF ACCOUNTS
NEC	1.	BIR Form No. 1905; (2 originals)
$\stackrel{\smile}{\sqcap}$	2.	Permit to Use Loose Leaf Books of Accounts; (1 photocopy)
$\frac{\mathcal{L}}{\mathcal{L}}$	3.	Permanently bound Loose Leaf Books of Accounts;
Ö	4.	Affidavit attesting the completeness, accuracy and correctness of entries in Books of Accounts and the number of Loose Leaf used for the period covered. (1 original)
		L APPLICATION –
REC		RATION OF COMPUTERIZED BOOKS OF ACCOUNTS
	1.	BIR Form No. 1905; (2 originals)
	2.	Acknowledgement Certificate or Permit to Use (PTU) Computerized Accounting System (CAS)/ Computerized Books of Accounts (CBA) and/or its Components, if applicable; (1 photocopy)
	3.	Transmittal letter showing the detailed content of the USB Drive label, i.e. File Name, Type and Size DVD/USB Drive or other electronic storage containing Electronic Books of Accounts in Standard Audit File (SAF) and properly labeled with name of the taxpayer and taxable year. (1 copy)
	4.	Affidavit attesting the completeness, accuracy and appropriateness of the computerized accounting books/records, in accordance with the keeping of books of

FEES TO BE PAID

1. None

ADDITIONAL DOCUMENTS, IF APPLICABLE:

If transacting through a Representative:

For Individual:

(1 original)

1.1 Special Power of Attorney (SPA) executed by the taxpayer-applicant indicating specific transaction; [1 original for first time submission, if authorized to more than one transaction, submit certified true copy (together with the original copy for presentation and validation only)]

accounts and records for internal revenue tax purposes.

1.2 Any government-issued ID of the taxpayer and authorized representative. (1 photocopy, both with one specimen signature)

Continuation...

For Corporation/Non-individual

- 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 time 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 signatory and authorized representative. (1 photocopy, both with one specimen signature)

SUBMITT	SUBMITTED BY:				
Sign here		Date:			
•					
	Full Name of Taxpayer/Representative				
	(Signature over printed name)				
[FOR BIR	USE ONLY] RECEIVED BY:				
Sign here		Date:			
•	Officer: (Signature over printed name)				
	(Bignature over printed name)				

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.

Sign here		Date:
ACKNOW	Evaluator/Officer (Signature over printed name) LEDGMENT BY THE APPLICANT:	
requirement IRR of RA Efficient Conffice or	eby acknowledge the identified lacking ent/s (marked "X") and understand that p 11032 otherwise known as "Ease of Doin Government Service Delivery Act of 2018", t agency shall not process deficient ons or requests.	oursuant to the g Business and he government
Sign here		Date:
•	Full Name of Taxpayer/Representative (Signature over printed name)	

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Continue to the back page.



CHECKLIST OF DOCUMENTARY REQUIREMENTS

F1100 REVISED JAN2024

QF11-10.2024.00

►DLN:

APPLICATION FOR

PERMIT TO USE LOOSE LEAF BOOKS OF ACCOUNTS/INVOICES

IMPORTANT: [To be accomplished by taxpayer]

1. Processing of transactions commences only upon submission of complete documents. MINCOMPLETE REQUIREMENTS WILL BE RETURNED TO APPLICANT/WILL NOT BE PROCESSED.

2. 1	Mar	k " \checkmark " for submitted documents and "X" for lack	king documents.
		APPLICATION VIA ONLINE REGISTRATION A I (ORUS)	ND UPDATE
	1.	Visit and create an ORUS account at https://o	orus.bir.gov.ph.
		Note: Taxpayer may download and print the F Loose Leaf Books of Account/Invoices.	Permit to Use
PER	MIT	TO USE LOOSE LEAF BOOKS OF ACCOUNTS/I	INVOICES
	1.	BIR Form No. 1900; (2 originals)	
	2.	Sample Format and print-out to be used; (1 c	original)
	3.	Sworn Statement (1 original) specifying the final is in it. Identifying the books to be used, invoices/other accounting records together with the of principal and supplementary invoices/reprinted; ii. Commitment to permanently bind the loos within fifteen (15) days after the end of each	receipts and e serial numbers eceipts to be e-leaf forms
		or upon the termination of its use.	J
FEE	STO) BE PAID	
	1.	None	
ADI	ITIC	ONAL DOCUMENTS, IF APPLICABLE:	
	1.	If transacting through a Representative: For Individual:	
		 1.1 Special Power of Attorney (SPA) ex taxpayer-applicant indicating specific traction [1 original for first time submission, if more than one transaction, submit cert (together with the original copy for provalidation only)] 1.2 Any government-issued ID of the authorized representative. (1 photocopy specimen signature) 	ansaction; f authorized to ified true copy esentation and taxpayer and
		For Corporation/Non-individual	
		 1.1 Board Resolution/Written Resolution (i or Secretary's Certificate, indicating the p name of the authorized representative; first time submission, if authorized to transaction, submit certified true copy the original copy for presentation and va 1.2 Any government-issued ID of one of the authorized representative. (1 photocopy specimen signature) 	ourpose and the [1 original for more than one (together with didation only) e signatory and
		TED BY:	Data
Sig her			Date:
		Full Name of Taxpayer/Representative (Signature over printed name)	
[FO]	R B <u>I</u>	R USE ONLY] RECEIVED BY:	
Sig			Date:

Continue to the back page.

Continuation...

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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.

Sign here		Date:
•	Evaluator/Officer (Signature over printed name)	
ACKNOW	LEDGMENT BY THE APPLICANT:	
requirement IRR of RA Efficient Coffice or	by acknowledge the identified lacking ent/s (marked "X") and understand that p 11032 otherwise known as "Ease of Doin Government Service Delivery Act of 2018", t agency shall not process deficient ons or requests.	oursuant to the g Business and he government
Sign here		Date:
•	Full Name of Taxpayer/Representative	

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(Signature over printed name)

Officer:



CHECKLIST OF DOCUMENTARY F11U5 REQUIREMENTS F11U5 REVISED JAN2024

QF11-11.2024.00

► DLN:

PPLICATION FOR

REGISTRATION INFORMATION UPDATES

IMPORTANT: [To be accomplished by taxpayer]

1. Processing of transactions commences only upon submission of complete documents. **INCOMPLETE REQUIREMENTS WILL BE** RETURNED TO APPLICANT/WILL NOT BE PROCESSED.

ONLINE APPLICATION VIA ONLINE REGISTRATION AND UPDATE

2. Mark "√" for submitted documents and "X" for lacking documents.

010	1.	Visit and create an ORUS account at https://orus.bir.gov.ph.
		The following registration information can be updated online via ORUS, FREE of charge: 1.1 Secure a Digital TIN ID; 1.2 Update contact information; 1.3 Update contact person; 1.4 Update civil status; 1.5 Change of residence address; 1.6 Transfer of registration record; 1.7 Add an additional line of business; 1.8 Register new business name; 1.9 Register new tax types/form types; and 1.10 Avail of the 8% Income Tax Rate option.
TIN		RD ISSUANCE (PAPER TIN CARD)
\sqcup	1.	BIR Form No. 1905; (1 original)
	2.	Latest 1x1 Photo ID; (1 original)
	3.	Any government-issued ID (e.g. PhilID/ePhilID, Passport, Driver's License/eDriver's License,) that shows the name, address, and birthdate of the applicant, in case the ID has no address, any proof of residence or business address; (1 photocopy)
	4.	Affidavit of Loss, in case of replacement due to lost TIN Card; (1 original)
		Note:
		 Personal appearance is mandatory. First time application of TIN Card (Paper Card) is FREE of charge. In case of lost or damage TIN Card, P100.00 replacement fee. FAKE TIN Card shall be confiscated and shall be subject for destruction and disposal.
		E OF REGISTERED BUSINESS ADDRESS UNDER THE
JUR		CTION OF THE SAME RDO
	1.	BIR Form No. 1905; (2 originals)
	2.	Mayor's Permit/DTI Certificate/SEC COR or Form for Appointment of Officers (in case of One Person Corp.) bearing the new business address; (1 photocopy)
	3.	Letter Request for temporary use of old invoices/supplementary invoices (for business taxpayers)
СНА	NC	if applicable. (1 original) E IN ACCOUNTING PERIOD
	1.	BIR Form No. 1905; (2 originals)
	2.	Letter request indicating the reasons and change in accountir period; (1 original)
	3.	Securities and Exchange Commission (SEC) Certificate of
		Filing of Amended By-Laws showing the change in accountin
		period; (1 certified true copy)
\cup	4.	Sworn declaration of "Non-forum Shopping" stating that the request has not been filed or previously acted upon by the BI

Sworn Undertaking to File a Separate Final/Adjustment	7
Return. (1 original)	
Continue to the back page. So CDR shall be attached as cover sheet of the application.	<u>_</u>

Continuation			
CHANGE IN CIVIL STATUS			
	1.	BIR Form No. 1905; (2 originals)	
	2.	Marriage Contract or Court Order (declar nullity of marriage); (1 photocopy)	ration of
	3.	Letter Request for temporary use of old invoices/supplementary invoices (for fer taxpayers) if applicable; (1 original)	nale business
		IN REGISTERED NAME/TRADE NAME;	
CHA	NGE/ 1.	ADD IN REGISTERED ACTIVITIES/LINE OF BIR Form No. 1905; (2 originals)	F BUSINESS
	2.	Amended SEC Certificate of Registration/	Form for
		Appointment of Officers (for One Person	Corp.)/DTI
		Certificate (for the change in registered n name); (1 photocopy) or	ame/uaue
		Amended Mayor's Permit or SEC Certifica	ate of
		Registration (for the change/add in regis	
		activities/line of business) or Form for Apolical Officers (for One Person Corp.) if applical	
		photocopy) and	ле, (1
	3.	Letter Request for temporary use of old	
		invoices/supplementary invoices (for bu	siness
СНА	NCF	taxpayers) if applicable. (1 original) /ADD INCENTIVE DETAILS	
	1.	BIR Form No. 1905; (2 originals)	
	2.	Investment Promotion Agency Certificate	of Registration
	۷.	or similar certificates; (1 photocopy)	or registration
REP	LACE	MENT OF LOST COR/ATP	
	1.	BIR Form No. 1905; (2 originals)	
	2.	Affidavit of Loss; (1 original)	
ADL	DITIO	NAL DOCUMENTS, IF APPLICABLE:	
ADL	1.	If transacting through a Representative:	
		If transacting through a Representative: For Individual:	
		If transacting through a Representative: For Individual: 1.1 Special Power of Attorney (SPA) expressions are also as a second se	
ADL		If transacting through a Representative: For Individual: 1.1 Special Power of Attorney (SPA) et taxpayer-applicant indicating specifi	c transaction;
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ADL		If transacting through a Representative: For Individual: 1.1 Special Power of Attorney (SPA) et taxpayer-applicant indicating specifical for first time submission, more than one transaction, submit copy (together with the original for first time).	c transaction; if authorized to t certified true
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DATA PRIVACY NOTICE

The Bureau is committed to protect the information herein provided. Information provided are for documentation purposes not to be shared with other parties. This CDR shall be kept in a secured place in the office that received the application for the period prescribed under existing BIR policy. Thereafter, it shall be disposed of through shredding.

National Office; (1 original)

Date:



CHECKLIST OF DOCUMENTARY REQUIREMENTS

F11051 O REVISED JAN2024

QF11-13.2024.00

►DLN:

APPLICATION FOR

TRANSFER OF REGISTRATION

IMPORTANT: [To be accomplished by taxpayer]

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

1. BIR Form No. 1905; (2 originals) TRANSFER OF BUSINESS REGISTRATION TO ANOTHER RDO (HEAD OFFICE AND/OR BRANCH) A. SUBMIT TO OLD RDO BIR Form No. 1905 (3 originals) all copy for stamping "Received"; -1st copy - to be forwarded to new RDO by old RDO, attached to Transfer Related Docket (TRD) - 2nd copy - old RDO's file copy - 3nd copy - taxpayer's file copy 2. Inventory list of unused invoices and supplementary invoices (for destruction if not to be used in the new RDO) or letter request with inventory list for approval of old RDO for use of the unused invoices/supplementary invoices in new RDO. (3 originals) 1st copy - RDO file 2nd copy - RDO file 2nd copy - Laxpayer's file 3. Notarized Transfer Commitment Form (3 originals), if applicable / if with open cases. -1st copy - to be forwarded to new RDO by old RDO, attached to TRD - 2nd copy - old RDO's file copy - 3rd copy - taxpayer's file copy B. SUBMIT TO NEW RDO 1. BIR Form No. 1905; (2 originals) Cooperation bearing the taxpayer's new principal business address; (1 photocopy) and - Certificate of Filing of Amended Articles of Incorporation/COR of Amendments to Articles of Cooperation and By-Laws (1 photocopy); 3. For Non-individuals, Single Proprietors, except Professionals: Mayor's Business Permit; or Duly received Application for Mayor's Business Permit, if the former is still in process with the LGU; (1 photocopy) 4. Unused invoices and supplementary invoices for restamping with approved letter request and inventory list (2nd copy) by old RDO; (1 original) 5. 3rd copy of Transfer Commitment Form, if applicable, together with the 3rd copy of BIR Form No. 1905 duly received by old RDO. (1 photocopy) ADDITIONAL DOCUMENTS, IF APPLICABLE: 1. If transacting through a Representative: For Individual: 1.1 Special Power of Attorney (SPA) executed by the taxpayer-applicant indicating specific transaction; [1 original for first time submission, if authorized to more than one transaction, submit certified true copy (together with the ori	TRANSFER OF REGISTRATION OF INDIVIDUALS NOT ENGAGED IN BUSINESS (E.O 98/ONETT/EMPLOYEE)			
A. SUBMIT TO OLD RDO 1. BIR Form No. 1905 (3 originals) all copy for stamping "Received";		1.	BIR Form No. 1905; (2 originals)	
1. BIR Form No. 1905 (3 originals) all copy for stamping "Received";				
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(together with the original copy for presentation and validation only)]				
validation only)]				
			1.2 Any government-issued ID of the taxpayer and	
authorized representative. (1 photocopy, both with				

Continuation...

For Corporation/Non-individual

- 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 time 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 signatory and authorized representative. (1 photocopy, both with one specimen signature)

SUBMITTED BY:			
Sign here		Date:	
•			
	Full Name of Taxpayer/Representative		
	(Signature over printed name)		
[FOR BIR USE ONLY] RECEIVED BY:			
Sign here		Date:	
•	Officer: (Signature over printed name)		

RETURN OF DOCUMENT/S

Sign here

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

	(Signature over printed name)	
ACKNOW	LEDGMENT BY THE APPLICANT:	
requirement IRR of RA Efficient Coffice or	by acknowledge the identified lacking ent/s (marked "X") and understand that properties the state of Doin towernment Service Delivery Act of 2018", to agency shall not process deficient ins or requests.	oursuant to the g Business and he government
Sign here	-	Date:
•	Full Name of Taxpayer/Representative (Signature over printed name)	
	Full Name of Taxpayer/Representative	Date:

DATA PRIVACY NOTICE

The Bureau is committed to protect the information herein provided. Information provided are for documentation purposes not to be shared with other parties. This CDR shall be kept in a secured place in the office that received the application for the period prescribed under existing BIR policy. Thereafter, it shall be disposed of through shredding.

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.

[PRINT THIS CDR ON BOTH SIDES]

Date:



CHECKLIST OF DOCUMENTARY REQUIREMENTS

F1105C REVISED JAN2024

QF11-14.2024.00

►DLN:

APPLICATION FOR

CANCELLATION OF TIN

IMPORTANT: [To be accomplished by taxpayer]

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

		LATION OF TIN	
- D	UE'.	TO DEATH OR IDENTICAL/MULTIPLE TIN BIR Form No. 1905; (2 originals)	
 	2.	Death Certificate, in case of death of an indivi	dual: (1
		photocopy)	
- C.	ANC	URE OF BUSINESS (HEAD OFFICE/BRANCH) ELLATION OF TIN/REGISTRATION DUE TO DI EER OR CONSOLIDATION	SSOLUTION,
	1.	BIR Form No. 1905; (2 originals)	
	2.	List of ending inventory of goods, supplies, in good; (1 original)	
	3.	Inventory of unused invoices/supplementary together with Unused invoices/supplementary	
		all other unutilized accounting forms (e.g. voi debit/credit memos, delivery receipts, purch- etc.);	uchers,
	4.	Original copy of business Notices and Permit	s (e.g. ATP;
		NIRI; Accreditation Certificate and Permit to	
		CRM/POS; etc.) issued to taxpayer as well as of the Certificate of Registration (COR)	original copy
FEE	S T (BE PAID	
	1.	None	
ADI		ONAL DOCUMENTS, IF APPLICABLE:	
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		1.1 Special Power of Attorney (SPA) exe	ecuted by the
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		For Corporation/Non-individual	
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		TED BY:	Data
Sigi	n he	re •	Date:
		Full Name of Taxpayer/Representative	
[EQ.	D DI	(Signature over printed name) R USE ONLY RECEIVED BY:	
	к ві 1 he		Date:
5.81			246.
		Officer:	

Continuation...

RETURN OF I

Sign here

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 (Signature over printed name)	
ACKNOW	LEDGMENT BY THE APPLICANT:	
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Sign here		Date:
•	Full Name of Taxpayer/Representative	

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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.

(Signature over printed name)