Application for Registration

BIR Form No. 1901 January 2000 (ENCS)

For Self-Employed and Mixed Income Individuals, Estates and Trusts

II														issued, if appli led up by BIR)		
Fill in all appropriate white spaces. Mark all appropriate boxes with an "X". Part I Taxpayer Information																
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10		Address (Pleas	ie ivaii	ile	<u> </u>		11 Zip	Code	e 12 Tele	phone Num	ber					
•													1 1 1 1			
13	3 Business Address (Please indicate complete address)															
14	14 Zin Code 146 Telephone Number															
	14 Zip Code												Щ			
17 Name of Administrator/Trustee (In case of Estate/Trust) 18 Address of Administrator/Trustee																
19	19 Primary/ Secondary Industries (Attach Additional Sheets, If Necessary) Facility Types: PP - Place of Production; SP - Storage Place; WH - Warehouse CODE Facility Type Number															
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	Industry Primary	Busines	ss / Trade Na	ames	PSIC	PSO		ine of i	Business	s/ Occupa	ation	PP		SP W	/H Facilitie	es
	Secondary															
20	Contact Pe	rson/ Accredited	Tax Agent (<u>if different fr</u>	om taxpaye	er)							21	Telephone	Number	\neg
•	Last Name,	First Name, Middle	Name (if indiv	vidual) / Regis	stered Name (if non-indiv	vidual)							. ▶.└		ш
22	► Tax Type	es (choose only t	he tax types	that are ap	plicable to	you)				ORM TY				► AT (To be filled	C up by the BIR)	
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