o be filled up by BIR) DLN:	[NO	TE: This form shall be use	d in RDOs with eTIS-1 or		
Republic of the Philippines Department of Finance Bureau of Internal Revenue	pplication for Regi	lication for Registration			
r One-time Taxpayer / Person Registering under E.O. 9	8		, ,     0,0,0,0,0		
d Foreign Nationals in all applicable white spaces. Mark all appropriate boxes		TIN to be issued, if applicat	ole (To be filled up by BIR)		
in all applicable write spaces, wark all appropriate boxes ft 1	Taxpayer Information				
Taxpayer E.O. 98 - Filipino Citizen	E.O. 98 - Foreign National	2 BIR Registration [	Date (MM/DD/YYYY)		
Type ONETT - Filipino Citizen	ONETT - Foreign National	Charles Commission	filled up by BIR)		
Non-Resident Foreign Corpora  Taxpayer Identification Number (TIN)		1 4 550 0			
(For Taxpayer with existing TIN)		(To be filled	up by BIR)		
Taxpayer's Name (If Individual) (Last Name)	(First Name)	(Middle Name)	(Suffix) (Nickname,		
(If Non-Individual, Registered Name) (If ESTATE, EST	ATE of First Name. Middle Name. Last Name) (If	TRUST. FAO First Name. Middle	Name Last Name)		
	, , , , , , , , , , , , , , , , , , , ,				
	h/Organization	8 Place			
Mother's Maiden Name	10 Father's Na	of Birth Lame			
Contract Con					
Citizenship	12 Other Citize	enship .			
		11 40			
Identification Details (e.g. passport, government issued Type Number	ID, company ID, etc.)  Effective Date (MM/DD/YYYY) Expiry Date (MM/D	DD/YYYY) Issuer	Place/Country of Issue		
		7.5			
Preferred Contact Type	CONTRACTOR	2.5			
Phone Number Mobile Number	Fax Number Email	Address (required)	The 1982 And 1982		
Local Address					
Lot#/Blk#/Phase/House#/Unit/Room/Floor/Bldg.#/Su	b Street Building Name/Street Name/Subdivisi	ion/Village Zone	Province		
Zounding Haddington China (Control Doubles, In Con-	Suitaring Native Carpet Native Native Carpet Native	or a mage zone	Trovince		
Municipality/City/District	)I.	arangay	ZIP Code		
Foreign Address	A POST CONTRACTOR OF THE CONTR				
Foreign TIN (if any)	1 18 Dat	e of Arrival in the			
	Phi	lippines (MM/DD/YYYY)			
Municipality Code (To be filled up by BIR)	20 Civil Status Single	Married Widow/er	Legally Separated		
Claiming for Additional Everntione?	res I I NO I	oer of Qualified Dependent Ch	ildren		
Spouse Name (Last Name) (First N	(Enter information ab	out children in Table 1) (Suffix) 24 Spouse TIN			
			0,0,0,0		
til	Transaction Details				
Purpose of Registration Dealing with Banks	Transfer of Properties by Suc	ression (Death)	Marian St.		
Dealing with Government Agency/ies		posal of Real property(ies) cla	ssified as Capital Asset		
Donation of Properties	Sale, Assignment and/or Dis	posal of Real property(ies) cla	ssified as Ordinary Asset		
Dividends/Interest Transaction	Sale, Assignment and/or Disp	posal of Shares of Stocks			
Royalties Transaction	Others (Specify)				
Tax Types (this portion determines your tax liability/ies)		FORM TYPE (To be acc	ATC omplished by the BIR)		
Withholding Tax					
Capital Gains Tax - Real Property					
Capital Gains Tax - Stocks					
Documentary Stamp Tax					
Donor's Tax					
Estate Tax					
Non-Taxable (under EO 98)					
Miscellaneous Tax (Specify)					
Others (Specify)					

Part I		A STATE OF THE	Vithholding Agent/A	ccredited Tax Agen	nt Informati	on		and the same			
	/ithholding Agent/Accredited Tax /	Agent's Name									
	(If Individual) (Last Name)		(First Name)			(Middle Name)				(Suffix)	
		~									
(If	Non-individual, Registered Name)				101.00	A Lots Mean	500		1000		
Ť	, , , , , , , , , , , , , , , , , , , ,	Carlo Carlo Company									
00 =								DDC			
28 1	axpayer Identification Number (TII	v)					29	RDO C	ode		
30 1	ocal Address										
Ī	Soci Madioso										
L	Lot#/Blk#/Phase/House#/Unit/Room/Floor/	Sida #/Suh Street	Ruilding Nam	e/Street Name/Subdivision	AVillane Zone				Province		
Г	20th Diffusi (1900) 10400 in Origo, (1907)	Jiag. II/Cab Ca Ca	- Dallang Hall	G G G G C T T G I T G G G G G G G G G G G G G G G	r villago Zono						
L	Marie and Con	District		D-	rangay					1 1	
24 D	Municipality/City referred Contact Type	VIDISIFICE		Ball	rangay					ZIP Code	
Г	Phone Number Mobile Number Fax Number Email Address (required)										
F											
L											
0 11				Dependent Childre							
				chiefly dependent upon							
						support due to mental or physical defection  Date of Birth			. Mark if mentally		
	Last Name	First Name		Middle Name		Suffix	(MM/DD/YYYY)		physically		
2A				<del></del>					incapacitated		
_							4	الم الم		4 L	
2B									1 1 1		
2C							7.				
2D						-				1	
L							Piri.	24 1	1 1 1		
	B. For Non-Individual - Any office (e.g. government agency) C. Additional Attachments, (if a pued of Sale/Deed purchase and/or peed of Donation for Transfer of properties	y - tax authority) that oplicable): of Assignment/Mort disposal of shares or donation of proper	at shows the name or gage Document, whi of stocks and/or rea	f the non-individual a chever is applicable I estate properties	and the addr	ess of i	ts prin	cipal offic	ce	ent body	
			t of the Estate/Judici	al Settlement of Esta	ate						
	- Continued -	cate of the deceden									
	Cash Invoice or Offi	cial Receipt for bran	nd new vehicles in ca	ase of claim of winnin	ngs involving	person	nal pro	perties s	ubject		
	to registration										
			case of a sale of seco								
	Certification from A	varding Company/P	erson in case of Cla	im of vvinnings							