Part		Doroone	Example	ne	BIR	Form No. 1901 (ENCS	S)-PAGE 2	
	 Civil Status Single/Widow/Widower/Legally Separated 		Personal Exemptions endents)			25 ► Employment Status of Spouse:		
	Head of the Family					Employed Loo		
	 Single with qualified dependent Widow/Widower with qualified depen 	= • •	•	with qualified depende		Employed Ab	road susiness/Practice	
						of Professio		
26	Claims for Additional Exemptions/ Premium Deduc			aggregate family inc	ome does n	ot exceed P250,000	.00 per annum.	
07				(Attach Waiver of				
27	Spouse Information Spouse Taxpayer Identification Number		S	Spouse Name				
2	27A	0.0.0	27B	•				
				Last Name	First N	ame Mic	ddle Name	
2	Spouse Employer's Taxpayer Identificatio		27D	Spouse Employer's I	vame			
Part			► Lional Exen	notions				
Sec		umber and Names of (
	Names of Qualified Dependent Children							
	Last Name	First Name		Middle Name		Date of Birth (MM / DD / YYYY)	Mark if Mentally / Physically Incapacitated	
29A	29B		29C		29D		29E	
30Ą] ▶] 30C					
			▶		_ ►			
31A ▶	·		31C ▶		31D		31E	
32A ▶	32B ▶		32C ▶		32D ►		32E	
Sec	tion B Name of Qualified Dependent Other than	Children						
	Last Name	First Name		Middle Name		Date of Birth (MM / DD / YYYY)	Mark if Mentally / Physically Incapacitated	
33A ►	^{33B} ►] ^{33C} ►		33D ►		33E	
	33F ► Relationship	Brothe	r [Sister		alified Senior Citizen		
Part		o or More Employer	s (Multiple	Employments) With	nin the Cale	endar Year		
34	 Type of multiple employments Successive employments (With previous) 	emplover(s) within the	calendar ve	ear), for late registrant	s if applicab	le		
	Concurrent employments (With two or more employers at the same time within the calendar year) [If successive, enter previous employer(s); if concurrent, enter secondary employer(s)] Previous and Concurrent Employments During the Calendar Year							
				Name	e of Employe	er/s		
35 Declaration I declare, under the penalties of periury, that this form 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.								
1								
1		TAXPAYER / . (Signature)	AUTHORIZ	-				
Part		Current Main				220.0		
	Taxpayer Identification Number				(To b	RDO Code be filled up by BIR)		
38	Employer's Name (Last Name, First Name, Middle	Name, if Individual/ R	egistered N	ame, if non-Individual	s)			
	Employer's Business Address							
40 ▶	Zip Code 41 Municipality Code	42 Effectivity E		formation is applied)		e of Certification	accuracy of the	
	up by the BIR)			nformation is applied)	· ·	e of certification of the nption information)		
44	Telephone Number		(MM/ DD/					
45	Declaration					Stamp of BIR F	Receiving Office	
I declare, under the penalties of perjury, that this form has been made in good faith, verified by and Date of Receipt 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.							or Receipt	
1							s Complete?	
	EMPLOYER / AUTHORIZED AGENT		/ Position o	f Signatory		(To be filled	l up by BIR)	
L	(Signature over printed Name)					► Yes	No	
	ACHMENTS: (Photocopy only) A. For Self-employed/ Professionals/ Mixed Income Indi	viduals						
	1- Birth Certificate or any document showing name and birth date of the applicant	, address 2- Mayor's P		licable, rior to the issuance of	3- DTI Cei	rtificate of Registration to be submitted prior to		
		Certi	ificate of Reg	istration		Certificate of Registrat		
NOT	B. For Trust -Trust Agreement	C. For Estate		ertificate of the decease	d			
NUI			e - Dealin Ci					

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.