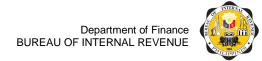
## Registration Update Sheet



For Account Enrollment in Online Registration and Update System For Updating of Records Required in Taxpayer Registration System Print the information that will be updated, supported by documents and sign the declaration. All information is required. **TAXPAYER INFORMATION** ▶1 TIN Branch Code ▶2 RDO CODE ▶DLN For BIR Use Only ▶ 3 BIRTH/INCORPORATION DATE ▶ 2 REGISTERED NAME (For individuals, Last Name, First Name Suffix, Middle Name) MM/DD/YYYY CONTACT INFORMATION ▶4 TAXPAYER'S DESIGNATED OFFICIAL EMAIL ADDRESS ▶ 5 MOBILE OR TELEPHONE NO. 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 UNIT/RM/FLR/BLDG NAME LT/BLK/PH/HOUSE NO./STREET NAME LT/BLK/PH/HOUSE NO./STREET NAME TOWN/DISTRICT ▶6 BARANGAY ►7 MUNICIPALITY/CITY ▶8 PROVINCE ▶9 ZIPCODE THIS PORTION SHALL BE ACCOMPLISHED BY INDIVIDUALS ONLY ► 10 PLACE OF BIRTH PLACE OF BIRTH ▶11 FATHER'S FULL NAME ▶12 MOTHER'S FULL MAIDEN NAME PARENTS NAME ▶13 SPOUSE'S TIN **Branch Code** ▶14 SPOUSE'S FULL NAME SPOUSE'S INFORMATION (If married) 00000 SPOUSE'S EMPLOYER' ▶15 SPOUSE EMPLOYER'S TIN **Branch Code** ► 16 SPOUSE EMPLOYER'S REGISTERED NAME INFORMATION (If employed) ▶17 EMPLOYER'S TIN ▶18 EMPLOYER'S REGISTERED NAME **Branch Code** TAXPAYER EMPLOYER'S INFORMATION (If employed) **AUTHORIZED REPRESENTATIVE / CONTACT PERSON** (For Non-individual) ▶19 TIN ▶20 POSITION/TITLE Branch Code **AUTHORIZED REPRESENTATIVE OR** CONTACT PERSON INFORMATION 00000 ▶21 FULL NAME **DECLARATION** I declare, under the penalties of perjury, that this application has been made in good faith, verified Stamp of BIR Receiving Office 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.

and Date of Receipt

▶22 SIGNATURE OVER PRINTED NAME

TAXPAYER/AUTHORIZED REPRESENTATIVE

▶23 DATE

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.