

(To be filled out by BIR) DLN: _____



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration Information Update/Correction/Cancellation

BIR Form No.
1905
January 2018 (ENCS)

Fill in applicable spaces. Mark all appropriate boxes with an "X"

PART I - TAXPAYER INFORMATION

1 Taxpayer Identification Number (TIN)	2 RDO Code	3 Contact Number
3 2 5 - 7 5 4 - 4 4 7 - 0 0 0	0 4 9	0 9 2 1 - 2 9 9 - 1 9 2 3

4 Registered Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

PART II - REASON/DETAILS OF REGISTRATION INFORMATION UPDATE/CORRECTION

5 Replacement/Cancellation of		6 Other Updates
FORM/S	REASON/DETAILS	
<input type="checkbox"/> A. Certificate of Registration (COR) <input type="checkbox"/> B. Authority to Print (ATP) Receipts/Invoices <input type="checkbox"/> C. Tax Clearance Certificate of Liabilities (TCL1) <input type="checkbox"/> D. Taxpayer Identification Number (TIN) Card <input type="checkbox"/> E. Tax Clearance Certificate for Transfer of Property/ies (TCL2)/ Certificate Authorizing Registration (CAR) <input type="checkbox"/> F. Others (specify) _____	<input type="checkbox"/> Lost/Damaged <input type="checkbox"/> Change of Accredited Printer as Requested by the taxpayer <input checked="" type="checkbox"/> Correction/Change/Update of Registration of Information <input type="checkbox"/> Others (specify) _____	<input type="checkbox"/> Closure of Business (proceed to Number 8) <input type="checkbox"/> Change of Civil Status (proceed to Number 9) <input type="checkbox"/> Update of Books of Accounts (proceed to Number 10) <input type="checkbox"/> Avail of 8% Income Tax Rate Option <input type="checkbox"/> Others (specify) _____

7 Correction/Change/Update of Registration Information

A. CHANGE IN REGISTERED NAME/TRADE NAME

Registered Name Trade/Business Name

New Registered Name/Trade/Business Name

Old	_____
New	SPECTRUM SOLUTIONS BPO INC

B. CHANGE IN REGISTERED ADDRESS

Transfer within same RDO Transfer to another RDO

From _____ (Old RDO) To _____ (New RDO)

Unit/Room/Floor/Building No. Building Name/Tower

30TH FLOOR RCBC PLAZA

Lot/Block/Phase/House/Building No. Street Name

_____ H.V. DELA COSTA ST.

Subdivision/Village/Zone Barangay

SALCEDO VILLAGE BEL-AIR

Town/District Municipality/City

_____ MAKATI CITY

Province ZIP Code

_____ 1209

C. CHANGE IN ACCOUNTING PERIOD (Applicable to Non-Individual)

From Calendar Period to Fiscal

From One Fiscal Period to Another Fiscal Period

From Fiscal to Calendar Period

Accounting Start Month Effectivity Date (MM/DD/YYYY)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. CHANGE/ADD REGISTERED ACTIVITY/LINE BUSINESS

New Registered Activity/Line of Business	Effective Date of Change (MM/DD/YYYY)
_____	_____

E. CHANGE/ADD FACILITY TYPE/DETAILS (attach additional sheet, if necessary)

Additional/New Facility

Facility Code	Facility Type (check applicable facility type)							Others (specify)
	PP	SP	WH	SR	GG	BT	RP	
F								
F								

Facility Type*
 PP - Place of Production BT - Bus Terminal
 SP - Storage Place RP - Real Property for Lease with No Sales Activity
 WH - Warehouse
 SR - Showroom
 GG - Garage

Address of Facility

Unit/Room/Floor/Building No. Building Name/Tower

_____ _____

Lot/Block/Phase/House/Building No. Street Name

_____ _____

Subdivision/Village/Zone Barangay

_____ _____

Town/District Municipality/City

_____ _____

Province ZIP Code

_____ _____

F. CHANGE/ADD INCENTIVE DETAILS/REGISTRATION

Investment Promotion Agency	<input type="text"/>	Number of Years	<input type="text"/>
Legal Basis	<input type="text"/>	Start Date (MM/DD/YYYY)	<input type="text"/>
Incentives Granted	<input type="text"/>	End Date (MM/DD/YYYY)	<input type="text"/>
Registration/Accreditation No.	<input type="text"/>	Registered Activity	<input type="text"/>
Effectivity Date (MM/DD/YYYY)	<input type="text"/>	Tax Regime	<input type="text"/>
Date Issued (MM/DD/YYYY)	<input type="text"/>	Activity Start Date (MM/DD/YYYY)	<input type="text"/>
		Activity End Date (MM/DD/YYYY)	<input type="text"/>

G. CHANGE/ADD TAX TYPE DETAILS/SUSPEND TAX TYPE/RE-REGISTER TAX TYPE

Suspend/Cancelled Tax Type/s	Form Type <i>(to be filled-up by BIR)</i>	ATC	Effectivity Date of Change <i>(MM/DD/YYYY)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Re-register/Added/New Tax Type/s	Form Type <i>(to be filled-up by BIR)</i>	ATC	Effectivity Date <i>(MM/DD/YYYY)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

H. CHANGE/UPDATE OF CONTACT TYPE

Phone Number
 Mobile Number
 Fax Number

Email Address *(required)*

I. CHANGE/UPDATE OF CONTACT PERSON/AUTHORIZED REPRESENTATIVE

(Last Name, First Name, Middle Name, Suffix)

Position

TIN

J. CHANGE/UPDATE OF NAME OF STOCKHOLDERS/MEMBERS/PARTNERS

(Last Name, First Name, Middle Name, Suffix, If Individual OR Registered Name, if Non Individual)

	<i>(Last Name, First Name, Middle Name, Suffix, If Individual OR Registered Name, if Non Individual)</i>	TIN
A	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>
C	<input type="text"/>	<input type="text"/>

	<i>(Last Name, First Name, Middle Name, Suffix, If Individual OR Registered Name, if Non Individual)</i>	TIN
A	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>
C	<input type="text"/>	<input type="text"/>

8 Closure of Business/Cancellation of Registration

A. CANCELLATION OF TIN

<input type="checkbox"/> Death	<input type="checkbox"/> As a result of merger/consolidation
<input type="checkbox"/> Multiple/Identical TIN	<input type="checkbox"/> Others <i>(specify)</i>
<input type="checkbox"/> Failure to start/commence business <i>(For Non-Individual)</i>	<input type="text"/>
<input type="checkbox"/> Permanent closure of a branch	Effective Date of Cancellation (MM/DD/YYYY)
<input type="checkbox"/> Dissolution of corporation/partnership	<input type="text"/>

B. DE-REGISTER/CESSATION OF REGISTRATION

<input type="checkbox"/> Permanent closure of business <i>(head office)</i> of an individual	Trade/Business Name
<input type="checkbox"/> Others <i>(please specify)</i>	<input type="text"/>
<input type="text"/>	Effective Date of Cessation (MM/DD/YYYY)
	<input type="text"/>

9 Change of Civil Status

From Single to Married
 From Married to Single

A. Old Name/Maiden Name *(First Name, Middle Name, Last Name, Suffix)*

B. New Name/Married Name *(First Name, Middle Name, Last Name, Suffix)*

C. Spouse Information


Employment Status of Spouse
 Unemployed
 Employed Locally
 Employed Abroad
 Engaged in Business/Practice of Profession

Spouse Name *(Last Name)* *(First Name)*

(Middle Name) *(Suffix)* Spouse TIN

Spouse Employer's Name *(Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)*

Spouse Employer's TIN

10 Books of Accounts				
Type (Manual or Loose)	Type of Books to be Registered	Quantity	Volume	
			From	To
Date Registered (MM/DD/YYYY)	Permit Number	Date Issued (MM/DD/YYYY)		
11 Other Update/Correction (please specify details)				
		<input type="checkbox"/> For Taxpayer	<input type="checkbox"/> For BIR Use	
Effective Date of Change (MM/DD/YYYY)	<input type="text"/>	Approved by:	<input style="width: 100%;" type="text"/>	<input type="text"/>
			REVENUE DISTRICT OFFICER <i>(Signature over Printed Name)</i>	Date
12 Declaration			Stamp of BIR Receiving Office and Date of Receipt	
I declare, under the penalties of perjury, that this application 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. 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.				
 SITTI AINA P. MULOC TAXPAYER/AUTHORIZED REPRESENTATIVE/TAX AGENT (Signature over Printed Name)			BILLING SPECIALIST Title/Position of Signatory	

*Note: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)

Documentary Requirements

REPLACEMENT/CANCELLATION

A. Certificate of Registration

1. Original Copy of Old Certificate of Registration, for replacement
2. Affidavit of Loss, if lost
3. Proof of payment of Certification Fee and Documentary Stamp Tax - to be submitted before the issuance of the new Certificate

B. Authority to Print (ATP) Receipts and Invoices

1. Original Authority to Print Primary and Secondary Receipts/Invoices
2. New Application Form (BIR Form No. 1906), if applicable
3. Affidavit of Loss, if lost

C. Tax Clearance Certificate for Tax Liabilities (TCL1)

1. Affidavit of Loss, if lost
2. Proof of payment for Certification Fee and Documentary Stamp Tax-to be submitted before the issuance of the new Tax Clearance Certificate
3. TCL1, if for replacement

D. TIN Card

1. Affidavit of Loss, if lost
2. Old TIN Card (if replacement is due to damaged card)
3. Marriage Certificate (for change of Family Name)
4. SEC Certificate (for Change of Corporate Name)

CORRECTION/CHANGE/UPDATE OF REGISTRATION INFORMATION

A. Change in Registered Name/Trade Name

1. Amended SEC Registration/DTI Certificate; and
2. Letter Request for temporary use of old receipts/invoices (for business taxpayers) if applicable.

B. Change in Registered Address

- FROM OLD RDO**
1. Inventory List of unused principal and supplementary receipts/invoices for destruction if not to be used in the new RDO or request letter for approval of use of the unused receipts/invoices in new RDO

FROM NEW RDO

1. Photocopy of Amended Articles of Incorporation/Partnership bearing the taxpayer's new principal business address and Certificate of Filing of Amended Articles of Incorporation (only for Non-Individual taxpayers);
2. Photocopy of Mayor's Business Permit; or Duly received Application for Mayor's Business Permit, if the former is still in the process with the LGU;
3. Unused principal and supplementary receipts/invoices for re-stamping per approved inventory list by old RDO;
4. Transfer Commitment Form.

C. Change in Accounting Period

1. Photocopy of the Securities and Exchange Commission (SEC) Certificate of Filing of Amended By-Laws showing the change in accounting period.

D. Change/Add Registered Activity/Line of Business

1. Photocopy of Amended Mayor's Permit or SEC Certificate of Registration if applicable; and
2. Letter Request for temporary use of old receipts/invoices (for business taxpayers) if applicable.

E. Change/Add Facility Type/Details

1. Appropriate Application for Registration and requirements therein

F. Change/Add Incentive Details/Registration

1. Certificate of Accreditation/Registration from Investment Promotion Agency

I. Change/Update of Contact Person/Authorized Representative

1. Authorization or Certification issued by Officer enumerated under Section 52 (A) of the Tax Code (President or representative and Treasurer or Assistant Treasurer of the Corporation)

J. Change/Update of Stockholders/Members/Partners

1. Amended Articles of Incorporation/Cooperation/Partnership

CLOSURE OF BUSINESS/CANCELLATION OF REGISTRATION

1. Death Certificate, in case of death of an individual;
2. List of ending inventory of goods, supplies, including capital good;
3. Inventory of unused sales invoices/official receipts (SI/OR);
4. Unused sales invoices/official receipts and all other unutilized accounting forms (e.g., vouchers, debit/credit memos, delivery receipts, purchase orders, etc.) including business notices and permits as well as COR shall be subject for destruction to be witnessed by BIR personnel and officials.

CHANGE OF CIVIL STATUS

1. Marriage Contract or Court Order (declaration of nullity of marriage); and
2. Letter Request for temporary use of old receipts/invoices (for business taxpayers) if applicable.

UPDATE OF BOOKS OF ACCOUNT

1. Photocopy of the first page of the previously approved books

REGISTRATION OF BOOKS OF ACCOUNTS

A. Manual Books of Account

1. New sets of permanently bound books of accounts

B. Manual Loose Leaf Books of Accounts

1. Permit to Use Loose Leaf Books of Accounts;
2. Permanently bound Loose Leaf Books of Accounts; and
3. Affidavit attesting the completeness, accuracy and correctness of entries in Books of Accounts and the number of Loose Leaf used for period covered.

C. Computerized Books of Accounts

1. Permit to Use Computerized Accounting System (CAS)/Computerized Books of Accounts (CBA) and/or its Components;
2. DVDs containing Electronic Books of Accounts and Records. The DVDs should be properly authenticated and its labels duly signed by the responsible official(s) of the company who are required to sign the tax returns under the Tax Code, using a permanent marker;
3. Affidavit attesting the completeness, accuracy and appropriateness of the computerized accounting books/records, in accordance with the keeping of books of accounts and records for internal revenue tax purposes.