



**TAX PRACTITIONER'S APPLICATION  
FOR ACCREDITATION**

(INDIVIDUAL)

1. TAXPAYER IDENTIFICATION NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2. PRIVILEGE TAX RECEIPT NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	3. DATE OF APPLICATION <div style="border: 1px solid black; height: 20px; width: 100%;"></div> (MM/DD/YYYY)
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4. NAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	5. CITIZENSHIP <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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6. BUSINESS ADDRESS <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	7. TELEPHONE NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
8. FAX NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

EDUCATIONAL COURSE	NAME OF SCHOOL / COLLEGE / UNIVERSITY	DEGREE/UNITS RECEIVED	DATE GRADUATED OR LAST ATTENDED
COLLEGE	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
POST GRADUATE	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
MASTERS	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

EXAMINATIONS TAKEN/PASSED	CERTIFICATE/ROLL NUMBER	DATE	PLACE
<input type="checkbox"/> BOARD	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="checkbox"/> BAR	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="checkbox"/> OTHERS (Specify) _____	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

INCLUSIVE DATES		NATURE OF PRACTICE	PLACE OF PRACTICE
FROM	TO		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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(ATTACH SEPARATE SHEET IF NECESSARY)

TITLE	NO. OF HOURS	PERIOD COVERED	CONDUCTED BY
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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NAME	ADDRESS
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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15. Have you been convicted of any crime?  Yes  No If yes, what crime?

<p>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 OF 1997, AND THE REGULATIONS ISSUED UNDER AUTHORITY THEREOF.</p> <p>_____ DATE</p> <p>_____ SIGNATURE OF APPLICANT OVER PRINTED NAME</p>	<p>STAMP OF BIR RECEIVING OFFICE AND DATE OF RECEIPT</p> <p>▼</p>
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ATTACHMENTS : (SEE BACK PAGE)

ATTACHMENTS REQUIRED :

- A. DOCUMENTARY EVIDENCE SUPPORTING ACADEMIC QUALIFICATION
- B. CERTIFICATE OF REGISTRATION AND CURRENT LICENSE WITH PRC, SUPREME COURT OR OTHER REGULATORY BODIES
- C. CERTIFICATE OF MEMBERSHIP WITH THE PERTINENT PROFESSIONAL ORGANIZATION
- D. CERTIFICATE OF GOOD MORAL CHARACTER ISSUED BY 2 DISINTERESTED PERSONS, WHO ARE EITHER  
MEMBER OF THE BAR OR CPA IN GOOD STANDING