Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

TAX PRACTITIONER'S APPLICATION
FOR ACCREDITATION
(PARTNERSHIP/CORPORATION)

BIR Form No.
1917
January 2000

1. TAXPAYER IDENTIFICATION NUMBER

2. DATE OF APPLICATION (MM/DD/YYYY)

3. FIRM NAME

4. BUSINESS ADDRESS

☐ MAIN

☐ BRANCH

TELEPHONE NUMBER

FAX NUMBER

5. DATE OF REGISTRATION WITH SECURITIES & EXCHANGE COMMISSION

(MM/DD/YYYY)

REGISTRATION NUMBER

PLACE

6. EXPERIENCE OF FIRM IN TAX PRACTICE

INCLUSIVE DATES		NATURE OF PRACTICE	PLACE OF PRACTICE
FROM	TO		

7. A. MANAGING PARTNER (S) (Attach individual application)

	MANAGING PARTNER (S)	PROFESSION [(PLS. INDICATE IF LAWYER, CPA, OTHERS (SPECIFY)]	REGISTRATION NO.	DATE	PLACE
(1)					
(2)					

B. PRINCIPAL PARTNER(S)/OFFICERS (Attach individual application)

(1)					
(2)					
(3)					
(4)					
(5)					

8. NAMES OF NOMINEE/S TO REPRESENT (ATTACH INDIVIDUAL APPLICATION)

DECLARATION

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.

_____
DATE

_____
SIGNATURE OF APPLICANT
OVER PRINTED NAME AND DESIGNATION

STAMP OF BIR RECEIVING OFFICE
AND DATE OF RECEIPT
▼

ATTACHMENTS: (SEE BACK PAGE)

ATTACHMENTS REQUIRED :

A. CERTIFICATE OF REGISTRATION OF FIRM NAME
B. PARTNERSHIP AGREEMENT
C. CERTIFICATE OF GOOD MORAL CHARACTER OF PARTNERS, DIRECTORS, OFFICERS OR DULY AUTHORIZED REPRESENTATIVES ISSUED BY TWO DISINTERESTED PERSONS WHO MAY EITHER BE MEMBER OF THE BAR OR CERTIFIED PUBLIC ACCOUNTANT IN GOOD STANDING
D. APPLICABLE REQUIREMENTS FOR AN INDIVIDUAL APPLICANT, OR IN LIEU THEREOF, CERTIFICATION UNDER OATH BY THE MANAGING PARTNERS THAT THE APPLICANT ACTING FOR THE FIRM POSSESSES ALL THE QUALIFICATIONS PRESCRIBED IN REVENUE REGULATIONS NO. 15-99