



Inland Revenue Department

Individual Registration Form

Individual Information

Name			
	Last	First	Mid. Initials
Date of Birth		<input type="radio"/> Male <input type="radio"/> Female	Nationality
Occupation			Driver's Licence/National ID
Marital Status		Email Address 	N.I.S No.

Enterprise Information

Business Name			
Business Address			
Work Phone No.		Home Phone No.	
		Cell Number	
Start Date		Fiscal Year Starts	
Business Activity		Trade Types	
	e.g. Restaurant, Insurance, etc.		e.g. Wholesale, Retail, Service, etc.

Home Address

Street	
City/Village	
Parish	
Country	

Mailing Address

Spouse Information (if married)

Name			
	Last	First	Mid. Initials
Maiden Name			Date of Birth

Employer Information

Name

Street

City/Village

Parish

Country

Date Started

Date ended

Enterprise Establishments (at least one, the head office, must be entered)

Name

Head Office?

Yes

No

Street

City/Village

Contact Name

Position

Taxes and Licences Applicable (tick appropriate box or boxes below)

Taxes

Personal Income Tax

Are you a resident individual receiving income in excess of \$36,000 per annum ?

Yes

No

Are you a non-resident individual receiving any income?

Yes

No

P.A.Y.E.

Do you have any employees who earn in excess of \$36,000 per annum?

Yes

No

Do you have any employees who are non-residents?

Yes

No

Withholding Tax

Do you make any payments, in the categories below to non-residents
If yes, check the appropriate boxes below.

Yes

No

Interest Charges

Commissions

*Management
Charges*

Discounts

Fees

*Annuities or other
periodic payments*

Rental, lease
premium lease

Royalties

Other

Value Added Tax /Excise Tax (Please complete VAT and / or Excise Tax Registration Forms)

Do you manufacture goods, or provide services?

If yes, check the appropriate box or boxes for the type of business(es) you operate.

Yes No

Investor

Hotel, Guest House,
Restaurant etc.

Other Taxable Service

Manufacturing

Wholesaler/Retailer

Annual Stamp Tax

Do you carry out any form of business?

Yes No

Licences

Commercial Licences

Do any of the following business activities apply to your business(if you operate one)?

If yes, check the appropriate box or boxes below.

Yes No

Blasting

Commercial Agent

Duty Free Shop

Pesticide Dealer

Bonded Warehouse

Commercial Traveller

Guest House

Racing Pool Service

Cinema

Commission Agent

Hotel

Real Estate Agent

Club

Distillery

Motor Vehicle Dealer

Video Rental Outlet

Travel Agency

Professional Licences

Do you carry out a profession?

If yes, check the appropriate box/boxes below and enter the name of your employer if applicable.

Yes No

Accountant

Auditor

Broker/Charterer of ships,
boats, etc. (non-resident)

Contractor

Architect

Barrister, Solicitor or
Attorney-at-Law

Building contractor

Doctor/Dentist

Auctioneer

Boatman

Chemist

Engineer

Trafficker

Master Stevedore

Salesman

Wireman

Landscapist

Pilot

Surveyor

Pharmacist

Employer

Street

City/Village

Parish

Licences Cont'd

Refreshment House Licence

Do you own a restaurant/cafeteria?

Yes No

Liquor Dealer Licence

Do you sell alcoholic beverages

Yes No

Fireman Licence

Do you own, use or sell firearms?

If yes, check the appropriate box/boxes

Yes No

Dealer

Owner

User

Driver's Licence

Are you a licenced driver?

Yes No

Motor Vehicle Licence

Do you own one, or more vehicles?

Yes No

I hereby certify that the information given on this registration form is true, correct and complete in every respect.

Name

Title

Signature

Date

Official Use Only

Taxpayer No.

Enterprise No.

Registration Officer

Date