



# Inland Revenue Department

## Non-Individual Registration Form

### Enterprise Information

Enterprise Type	<input style="width: 100%;" type="text"/>		
Registered Name	<input style="width: 100%;" type="text"/>		
Registration No.	<input style="width: 150px;" type="text"/>	Court Registration Date:	<input style="width: 100px;" type="text"/>
Trade Name	<input style="width: 100%;" type="text"/>		
Work Phone No.	<input style="width: 100px;" type="text"/>	Home Phone No.	<input style="width: 100px;" type="text"/>
		Cell Number	<input style="width: 100px;" type="text"/>
Start Date	<input style="width: 100px;" type="text"/>	Close Date	<input style="width: 100px;" type="text"/>
Fiscal Year Starts	<input style="width: 100px;" type="text"/>	Fiscal Year Ends	<input style="width: 100px;" type="text"/>
Business Activity	<input style="width: 150px;" type="text"/>	Trade Types	<input style="width: 150px;" type="text"/>
	<small>e.g. Restaurant, Insurance, etc.</small>		<small>e.g Wholesale, Retail, Service, etc.</small>

### If Partnership give names of partners?

Partner	<input style="width: 90%;" type="text"/> <small style="text-align: center;">Last</small>	<input style="width: 90%;" type="text"/> <small style="text-align: center;">First</small>	<input style="width: 90%;" type="text"/> <small style="text-align: center;">Mid. Initials</small>
Partner	<input style="width: 90%;" type="text"/> <small style="text-align: center;">Last</small>	<input style="width: 90%;" type="text"/> <small style="text-align: center;">First</small>	<input style="width: 90%;" type="text"/> <small style="text-align: center;">Mid. Initials</small>
Partner	<input style="width: 90%;" type="text"/> <small style="text-align: center;">Last</small>	<input style="width: 90%;" type="text"/> <small style="text-align: center;">First</small>	<input style="width: 90%;" type="text"/> <small style="text-align: center;">Mid. Initials</small>
Partner	<input style="width: 90%;" type="text"/> <small style="text-align: center;">Last</small>	<input style="width: 90%;" type="text"/> <small style="text-align: center;">First</small>	<input style="width: 90%;" type="text"/> <small style="text-align: center;">Mid. Initials</small>

### Business Address

Street	<input style="width: 100%;" type="text"/>
City/Village	<input style="width: 100%;" type="text"/>
Parish	<input style="width: 100%;" type="text"/>
Country	<input style="width: 100%;" type="text"/>

### Mailing Address

<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>

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

Name	<input type="text"/>	Head Office?	<input type="radio"/> Yes	<input type="radio"/> No
Street	<input type="text"/>	City/Village	<input type="text"/>	
Contact Name	<input type="text"/>			
Position	<input type="text"/>			

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

**Taxes**

**Corporation Income Tax**

Are you a Non-Individual Enterprise?  Yes  No

**P.A.Y.E.**

Do you have any employees who earn in excess of \$60,000 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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Interest Charges            | <input type="checkbox"/> Commissions      | <input type="checkbox"/> <i>Management Charges</i>                   |
| <input type="checkbox"/> <i>Discounts</i>            | <input type="checkbox"/> <i>Fees</i>      | <input type="checkbox"/> <i>Annuities or other periodic payments</i> |
| <input type="checkbox"/> Rental, lease premium lease | <input type="checkbox"/> <i>Royalties</i> | <input type="checkbox"/> <i>Other</i>                                |

**General Consumption Tax**

Do you manufacture goods, or services?  
If yes, check the appropriate box or boxes for the type of business(es) you operate.  Yes  No

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Hotel, Guest House, Restaurant etc. | <input type="checkbox"/> Other Taxable Service |
|--|--|--|

**Annual Stamp Tax**

Do you carry out any form of business?  Yes  No

## Ticket Tax

Are you a carrier, or the agent of a carrier, who operates a service for transporting passengers by sea or air to destinations abroad?

Yes  No

## Licences

### Commercial Licences

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

Yes  No

If yes, check the appropriate box or boxes below.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Bank             | <input type="checkbox"/> Club                 | <input type="checkbox"/> Duty Free Shop       | <input type="checkbox"/> Racing Pool Service |
| <input type="checkbox"/> Blasting         | <input type="checkbox"/> Commercial Agent     | <input type="checkbox"/> Guest House          | <input type="checkbox"/> Real Estate Agent   |
| <input type="checkbox"/> Bonded Warehouse | <input type="checkbox"/> Commercial Traveller | <input type="checkbox"/> Hotel                | <input type="checkbox"/> Video Rental Outlet |
| <input type="checkbox"/> Brewery          | <input type="checkbox"/> Commission Agent     | <input type="checkbox"/> Motor Vehicle Dealer | <input type="checkbox"/> Travel Agency       |
| <input type="checkbox"/> Cinema           | <input type="checkbox"/> Distillery           | <input type="checkbox"/> Pesticide Dealer     |  |

### Professional Licences

Do you carry out a profession?

Yes  No

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

- |                                      |  |  |   |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Accountant  | <input type="checkbox"/> Auditor                                 | <input type="checkbox"/> Broker/Charterer of ships, boats, etc. (non-resident) | <input type="checkbox"/> Contractor     |
| <input type="checkbox"/> Architect   | <input type="checkbox"/> Barrister, Solicitor or Attorney-at-Law | <input type="checkbox"/> Building contractor                                   | <input type="checkbox"/> Doctor/Dentist |
| <input type="checkbox"/> Auctioneer  | <input type="checkbox"/> Boatman                                 | <input type="checkbox"/> Chemist   | <input type="checkbox"/> Engineer       |
| <input type="checkbox"/> Trafficker  | <input type="checkbox"/> Master Stevedore                        | <input type="checkbox"/> Salesman  | <input type="checkbox"/> Wireman        |
| <input type="checkbox"/> Landscapist | <input type="checkbox"/> Pilot                                   | <input type="checkbox"/> Surveyor  |   |

### Refreshment House Licence

Do you sell food and/ or beverages?

Yes  No

### Liquor Dealer Licence

Do you sell alcoholic beverages

Yes  No

### Fireman Licence

Do you own, use or sell firearms?

Yes  No

If yes, check the appropriate box/boxes

- |                                 |                                |                               |
|---------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Dealer | <input type="checkbox"/> Owner | <input type="checkbox"/> User |
|---------------------------------|--------------------------------|-------------------------------|

## Licence Cont'd

### 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.

Registering Officer

Date