

**APPLICATION FOR TAXPAYER REGISTRATION (ORGANIZATIONS)***Please TYPE or PRINT. Use blue or black ink only. Complete ALL relevant boxes. Do NOT write in shaded areas.***Section A - GENERAL INFORMATION**

Is this the first application for a Tax Registration Number for this applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No							
1. Business Name						Taxpayer Registration Number (TRN) Assigned.	
2. Trade Name							
3(a). Telephone Number(s) Landline: _____ Cell: _____		3(b). Fax Number(s) _____		4. Please indicate your preferred method of contact: <input type="checkbox"/> SMS: (State tel. no. to receive SMS) _____ <input type="checkbox"/> E-mail <input type="checkbox"/> Phone (State tel. no. to receive call) _____ <input type="checkbox"/> Mail/Post <input type="checkbox"/> Fax (State fax. no. to receive fax) _____			
3(c). E-mail Address _____							
5(a). Business Address				5(b). Mailing Address (If different from Business Address)			
District, Town, Suite, Lot no., Apt. Name and no.				District, Town, Suite, Lot no., Apt. Name and no.			
Street Number		Street Name		Street Number		Street Name	
Post Office/City			P.O. Box	Post Office/City			P.O. Box
Parish/County/State		Postal/Zip Code	Country	Code	Parish/County/State		Postal/Zip Code
6. Date Business (Tick appropriate box): <input type="checkbox"/> Was Acquired <input type="checkbox"/> Started <input type="checkbox"/> Intends to start				7. If Acquired, give the following details of the previous owner: 7(a). Owner's Name: Last: _____ First: _____ Middle: _____			
				7(b). Business Name: _____		7(c). Business TRN: _____	
8(a). Does business have any employees? <input type="checkbox"/> Yes (Go to 8b.) <input type="checkbox"/> No (Go to 9.)		8(b). If yes, state date first employee commenced employment. Year _____ Month _____ Day _____				9. Accounting Year: Accounting Year begins: _____ Month _____ Day _____	
10. Details of Accountant: Name: _____ TRN: _____		11. Details of Auditing Firm: Name: _____ TRN: _____		12. Company/Business Registration Number: _____		13. Date of Registration: Year _____ Month _____ Day _____	
14. NIS (Employer's) Number: _____			15. Specify Nature of Business: Code _____				
16. Usual Tax Office for Payment: Code _____		17(a). Select Type of Body: <input type="checkbox"/> Government <input type="checkbox"/> Non-Government		17(b). Type of Organization: <input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust <input type="checkbox"/> School <input type="checkbox"/> Statutory Body <input type="checkbox"/> Other (State): _____			

Section B - RESPONSIBLE/PRINCIPAL OFFICER'S DETAILS

Last Name: _____		Individual TRN		Date Responsibility Commenced	
First Name: _____		Title/Office/Position		Year _____ Month _____ Day _____	
Middle Name: _____					

Section C - DETAILS OF OTHER OFFICER'S (DIRECTORS, PARTNERS, ETC...)

19. State the number of Directors, Partners or other officers in box and give details of each officer below.

1	Last Name: _____		Individual TRN		Date Responsibility Commenced	
	First Name: _____		Title/Office/Position		Year _____ Month _____ Day _____	
	Middle Name: _____					
2	Last Name: _____		Individual TRN		Date Responsibility Commenced	
	First Name: _____		Title/Office/Position		Year _____ Month _____ Day _____	
	Middle Name: _____					

Section C (Continued)

3	Last Name:	Individual TRN	Date Responsibility Commenced Year Month Day
	First Name:		
	Middle Name:		
4	Last Name:	Individual TRN	Date Responsibility Commenced Year Month Day
	First Name:		
	Middle Name:		
5	Last Name:	Individual TRN	Date Responsibility Commenced Year Month Day
	First Name:		
	Middle Name:		
6	Last Name:	Individual TRN	Date Responsibility Commenced Year Month Day
	First Name:		
	Middle Name:		
7	Last Name:	Individual TRN	Date Responsibility Commenced Year Month Day
	First Name:		
	Middle Name:		

List other Officers on additional sheet and attach.

20. Does business have branches?

Yes No

21. If "Yes", state number of branches in box and complete a Form 2A (Additional Information (Organizations) Business Branches) for each branch.

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Section D - DECLARATION



WARNING: Any false statement made herein will render you liable to prosecution.

I declare that the information given in this form is to the best of my knowledge and belief true and correct.

Name

Title (Director, Company Secretary, etc)



Signature

Date



For more detailed/specific requirements on the type of organization for which the application is being made, refer to the Tax Administration (TAJ) website: www.jamaicatax.gov.jm, TAJ Customer Care Centre, toll free number: 1-888-TAX-HELP (829-4357) or TRN Requirement Sheets available at any Tax Office.

INSTRUCTIONS: Submit completed form along with original documents and an additional form for each branch (if applicable) to the nearest Tax Office.

FOR OFFICIAL USE ONLY

Documents Presented <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Constituting Documents <input type="checkbox"/> NIS Reference Card <input type="checkbox"/> NIS Clearance Letter <input type="checkbox"/> Business Name Registration Certificate	Status <input type="checkbox"/> New <input type="checkbox"/> Updated	Receiving Office: Date: Agency Code: Official Stamp:	Remarks		
			Processing Officer's Name		Processing Officer's Signature
			Senior Officer's Name		Senior Officer's Signature