



Guyana Revenue Authority

Taxpayer Registration Form-Organisation

TIN

Fill all relevant values

☐ Amendment

Section A: General Information

*Legal Name:

Business/Trading Name(s):
If multiple, separate using ","

*Registration #:

*Registration Date :

***Contact Information** Please provide at least one (1) phone number and the legal address

Phone(s):

Legal Address:

Line 1

Line 2

P.O. Box

Country

Business Address:
(if different from above)

Line 1

Line 2

P.O. Box

Country

Authorised Contact

Name:

Position:

Office Phone:

Ext:

Cell Phone:

E-mail:

Bank Account Details

Financial Institution:

Routing/Transit #:

Account Holder Name:

Account #:

*Section B: Organisation Details

Business Category:

☐ Partnership

☐ International Organisation

☐ Company

☐ Trust

☐ Diplomatic Entity

☐ Cooperative Society

☐ Friendly Society

☐ Public Corporation

☐ Statutory Body

Are you exempted from Taxes?

☐ Yes

☐ No

Traded Type:

☐ Public

☐ Private (Closed Company)

Owned by:

☐ Government

☐ Private Entity

Residency:

☐ Resident

☐ Non-Resident (Specify Country Headquartered in):

What is your relationship with another organisation?

Are you a subsidiary?

☐ Yes

☐ No

Are you an affiliate?

☐ Yes

☐ No

Are you a branch?

☐ Yes

☐ No

If yes to any of the questions above, enter the following applicable details:

Parent/Affiliate Organisation Name

Parent/Affiliate Organisation TIN

If parent is foreign, country headquartered

Are you a franchisee?

☐ Yes

☐ No

If yes, enter details of franchisor:

Name:

Country:

Are you registered with the Small Business Bureau?

☐ Yes

☐ No

If yes, state certificate #:

Does at least 75% of your gross income come from trading in goods not manufactured by you?

☐ Yes

☐ No

Date Accounting Year Ends

Date first employee commenced

Estimated # of employees

Date business acquired/started/to start?

If acquired, state the previous:

Owner's Name:

Owner's TIN:

Business Name:

Have you been granted a tax holiday or applied for a tax holiday?

☐ Yes

☐ No

If yes, complete **Section H**.

Who is your Tax Agent/Auditing firm/Accountant:

*Section C: Business Activity

Describe your major business activity with as much details as possible:

Specify up to 3 main products or services that you provide and the estimated percentage of revenue they each represent:

%

%

%

Are you engaged in any of these specific activities?

☐ Telecommunications

☐ Int'l Airline/Ship/Bus

☐ Life Insurance

☐ Fire & Other Insurance

☐ Banking

☐ Petroleum

☐ Gold/Diamond Mining

☐ Have licence for scheduled air services

☐ Investment

Section D: Locations

Please use supplementary sheets for additional locations.

No. of Continuation Sheets

Name:

Business Activity:

Requires VAT Certificate:

☐ Yes

☐ No

Name:

Business Activity:

Requires VAT Certificate:

☐ Yes

☐ No

Name:

Business Activity:

Requires VAT Certificate:

☐ Yes

☐ No

*Section E: Excise Tax Details

Do you manufacture the following goods for consumption in Guyana?

Alcoholic Beverage

☐ Yes

☐ No

Tobacco Products

☐ Yes

☐ No

Petroleum Products

☐ Yes

☐ No

Motor Vehicles

☐ Yes

☐ No

*Section F: Value Added Tax Details

Does your taxable supplies (sales/turnover) equal or exceed GY\$15M within a period of 12 or fewer months?

☐ Yes

☐ No

Do you expect the total value of your taxable supplies (sales/turnover) to equal or exceed GY \$15M?

☐ Yes

☐ No

Are you the State, an Agency of the State, or a Local Authority that carries on a taxable activity?

☐ Yes

☐ No

Are you an Auctioneer?

☐ Yes

☐ No

Are you a promoter of public entertainment, or a licenced owner or proprietor of places of public entertainment?

☐ Yes

☐ No

You are not required to apply for VAT but can still apply for voluntary registration. Do you wish to voluntarily apply for VAT?

☐ Yes

☐ No

Do you import supplies/goods?

☐ Yes

☐ No

When will you start charging VAT:

*Section G: Owners, Directors, Partners or other Principal Officers

Please use supplementary sheets for additional officers. No. of Continuation Sheets

For phone numbers, do not use characters such as dashes, hyphens or spaces.

1

Name:

TIN:

Principal Partner/Officer?

☐ Yes

☐ No

Phone:

Ext.:

Relationship:

☐ Partner

☐ Owner

☐ Director

☐ Company Secretary

☐ Beneficial Owner

Date Responsibility commenced:

2

Name:

TIN:

Principal Partner/Officer?

☐ Yes

☐ No

Phone:

Ext.:

Relationship:

☐ Partner

☐ Owner

☐ Director

☐ Company Secretary

☐ Beneficial Owner

Date Responsibility commenced:

3

Name:

TIN:

Principal Partner/Officer?

☐ Yes

☐ No

Phone:

Ext.:

Relationship:

☐ Partner

☐ Owner

☐ Director

☐ Company Secretary

☐ Beneficial Owner

Date Responsibility commenced:

Section H: Tax Holiday

Tax Type	Line of Business/Location	Start Date	End Date

*Section I: Declaration

The individual signing this form is:

☐ An Owner

☐ A Principal Officer

☐ A trustee of an estate

☐ A Third-Party requestor

☐ A Partner in a partnership

☐ An officer in a non-profit organisation

☐ Other (Specify)

I

declare that the information given, on this form is true

and complete in every respect.

Signature:

Dated:

Requirements For Submission (as applicable)

Required for Person signing form (at least one):

☐ National ID Card

☐ Passport

☐ Driver's Licence

Requirements for Business:

☐ Business/Company/Friendly Society Registration Certificate

☐ Memorandum of Association

☐ Articles of Incorporation

☐ Articles of Association

☐ Balance Sheet (projection to end of current year)

☐ Income Statement (projection to end of current year)

☐ Identification for at least one Director (National ID Card, Passport, Driver's Licence)

☐ Identification for Company Secretary (National ID Card, Passport, Driver's Licence)

☐ Approval Letter(s) for Tax Holiday

☐ Investment Agreements from Government of Guyana

☐ Partnership Agreement

☐ Small Business Bureau Certificate

☐ Approval Letter for Approved Funds/Schemes/Plans