



Guyana Revenue Authority

Taxpayer Registration Form-Individual

Individual/Estate TIN

Fill all relevant values

☐ Amendment

Section A: Personal Information

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

*Name:

First Name

Middle Name

Maiden Name

Last Name

Alias(es)/Call Name

Sex: ☐ Male ☐ Female

*Date of Birth:

Marital Status: ☐ Single ☐ Married ☐ Common Law ☐ Divorced ☐ Widowed

Status Date:

*Country of Birth:

☐ Guyana ☐ Other (Specify)

Date

*Nationality:

☐ Guyanese ☐ Other (Specify)

Naturalised:

*Residence:

☐ Resident ☐ Non Resident (Specify Country)

***Contact Information:** Please provide at least one (1) phone number, your home address and email

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

Home Phone:

Home Address:

Line 1

P.O. Box

Office Phone:

Line 2

Country

Cell Phone:

Mailing Address:

Line 1

P.O. Box

E-mail:

(if different from above)

Line 2

Country

***Identification Information:** Please provide at least one (1) of the following three (3) identifications

National ID #:

Country of Issue:

Date of Issue:

Passport #:

Country of Issue:

Expiry Date:

Drivers Licence #:

Country of Issue:

Expiry Date:

NIS #:

Bank Account Details

Financial Institution:

Routing/Transit #:

Account Holder Name:

Account #:

Relatives

Mother -TIN:

Spouse - TIN:

First Name

First Name

Last Name

Last Name

Date of Birth:

Date of Birth:

Maiden Name

Maiden Name

*Miscellaneous

Are you currently employed/working with someone? ☐ Yes ☐ No

Occupation/Profession:

Do you currently work for the state? ☐ Yes ☐ No

Who is your Tax Agent/Auditing firm/Accountant?:

If you have multiple income sources, which is higher? ☐ Self employed ☐ Pension ☐ Salary and Wages ☐ Investments

Please fill out the relevant information where applicable, and be guided accordingly

If you conduct a Trade or Business

If someone has died and you need an Estate TIN

- state the number of businesses in the box provided

- Complete **Section C**

- Complete **Section B**

Section B: To be completed by the persons conducting a Trade or Business

*General Details

Date accounting year begins:		Date first employee commenced employment:	
Gross sales for the last/next year:		Estimated number of employees:	
Are you registered with the Small Business Bureau?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state Certificate #:	
Do you manufacture the following goods for consumption in Guyana?			
Alcoholic Beverages: <input type="checkbox"/> Yes <input type="checkbox"/> No		Petroleum Products: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tobacco Products: <input type="checkbox"/> Yes <input type="checkbox"/> No		Motor Vehicles: <input type="checkbox"/> Yes <input type="checkbox"/> No	

*Value Added Tax Details

Does your taxable supplies (sales/turnover) equal or exceed GY\$15M within a period of 12 or fewer months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect the total value of your taxable supplies (sales/turnover) to equal or exceed GY \$15M?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an Auctioneer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a promoter of public entertainment, or a licenced owner or proprietor of places of public entertainment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
You are not required to apply for VAT but can still apply for voluntary registration. Do you wish to voluntarily apply for VAT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When will you start charging VAT:	

*Business Trade Details: If you have more than one business, please use a supplementary sheet for each No. of Continuation Sheets

Business/Trading Name:		<input type="checkbox"/> Trading as Self
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a) Contact Please provide at least one (1) phone number, the business address and email

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

Phone:	Ext.:	E-mail:	
Business Address:		Mailing Address: (if different from above)	
Line 1		Line 1	
Line 2		Line 2	
P.O. Box		P.O. Box	
Country		Country	

b) Business Identification Details

Registration #:		Date of Registration:	
Date Trading commenced:			
Nature of Business:			

Section C: To be completed for Estate TIN

*Executor's/LPR's TIN (if known): 1

2

3

*Date of Death:

*Death Certificate #:

*Date of Issue:

*Section D: Declaration - Must be completed

If you filled out this Registration:

I hereby certify that the information given in the registration and in any documentation attached is true, correct and complete in every respect, and fully discloses my income from all sources under this Act.

Signature:

Date:

If you filled out this Registration on someone else's behalf:

I hereby certify that this registration was prepared by me on the basis of information of which I have knowledge.

Signature:

Address:

Date:

Choose capacity in which Registration is made:

☐ As an Attorney, Agent, Factor, Manager, etc. of any person

☐ As a Trustee, Executor, Administrator, etc. of an Estate

Requirements For Submission (as applicable)

Requirements for All Individuals:

☐ Photograph: frame size must be at least 35 mm X 45 mm (1 3/8" X 1 3/4")

☐ Proof of Address

☐ Form of Identification (at least 1)

☐ National ID

☐ Passport

☐ Driver's Licence

☐ Affidavit of Identity

☐ Deed Poll (*in cases of name changes*)

☐ Marriage Certificate (*if Marital Status is Married*)

Requirements for Working, Non-Resident Individuals:

☐ Work Permit

Requirements for Estate TIN:

☐ Court Order

☐ Death Certificate

Requirements for Individuals conducting a Trade/Business:

☐ Balance Sheet (projection to end of current year)

☐ Income Statement (projection to end of current year)

☐ Small Business Bureau certificate

If Trade/Business is registered with Commercial Registry:

☐ Business Registration Certificate