



# 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 Naturalised:

\*Nationality:

☐ Guyanese ☐ Other (Specify)

\*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:

Office Phone:

Cell Phone:

Mailing Address:

E-mail:

(if different from above)

**\*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:

### \*Miscellaneous

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

If you have multiple income sources, which is higher? ☐ Self employed ☐ Pension

Occupation/Profession:

☐ Salary and Wages ☐ Investments

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

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

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:	<input type="text"/>	Date first employee commenced employment:	<input type="text"/>
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 #:	<input type="text"/>
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:	<input type="text"/>

\*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="text"/>	<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:	<input type="text"/>
Business Address:		Mailing Address: (if different from above)	
Line 1	<input type="text"/>	Line 1	<input type="text"/>
Line 2	<input type="text"/>	Line 2	<input type="text"/>
P.O. Box	<input type="text"/>	P.O. Box	<input type="text"/>
Country	<input type="text"/>	Country	<input type="text"/>

b) Business Identification Details

Registration #:	<input type="text"/>	Date of Registration:	<input type="text"/>
Date Trading commenced:	<input type="text"/>		
Nature of Business:	<input type="text"/>		

Section C: To be completed for Estate TIN			
*Executor's/LPR's TIN (if known):	1	*Date of Death:	
	2		
	3		
*Death Certificate #:		*Date of Issue:	

*Section D: Declaration - Must be completed	
<p>If you filled out this Registration:</p> <p>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.</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>If you filled out this Registration on someone else's behalf:</p> <p>I hereby certify that this registration was prepared by me on the basis of information of which I have knowledge.</p> <p>Signature: _____</p> <p>Address: _____</p> <p>Date: _____</p> <p>Choose capacity in which Registration is made:</p> <p><input type="checkbox"/> As an Attorney, Agent, Factor, Manager, etc. of any person</p> <p><input type="checkbox"/> As a Trustee, Executor, Administrator, etc. of an Estate</p>

Requirements For Submission (as applicable)	
<p><b>Requirements for All Individuals:</b></p> <p><input type="checkbox"/> Proof of Address</p> <p><input type="checkbox"/> Form of Identification (at least 1)</p> <p><input type="checkbox"/> National ID</p> <p><input type="checkbox"/> Passport</p> <p><input type="checkbox"/> Driver's Licence</p> <p><input type="checkbox"/> Deed Poll (<i>in cases of name changes</i>)</p> <p><input type="checkbox"/> Marriage Certificate (<i>if Marital Status is Married</i>)</p> <p><b>Requirements for Working, Non-Resident Individuals:</b></p> <p><input type="checkbox"/> Work Permit</p>	<p><b>Requirements for Estate TIN:</b></p> <p><input type="checkbox"/> Court Order</p> <p><input type="checkbox"/> Death Certificate</p> <p><b>Requirements for Individuals conducting a Trade/Business:</b></p> <p><input type="checkbox"/> Balance Sheet (projection to end of current year)</p> <p><input type="checkbox"/> Income Statement (projection to end of current year)</p> <p><input type="checkbox"/> Small Business Bureau certificate</p> <p><i>If Trade/Business is registered with Commercial Registry:</i></p> <p><input type="checkbox"/> Business Registration Certificate</p>