G0015 v1

Guyana Revenue Authority
Taxpayer Registration Form-Individual

Fill all relevant values

Individual/Estate TIN

☐ 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)

*Nationality: ☐ Guyanese ☐ Other (Specify)

Date 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:

Office Phone:

Cell Phone:

E-mail:

Home Address: Line 1 | P.O. Box | Line 2 | Country

Mailing Address: (if different from above) Line 1 | P.O. Box | 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

Maiden Name | Date of Birth: | Maiden Name | Date of Birth:

*Miscellaneous

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

Occupation/Profession:

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

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

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

- state the number of businesses in the box provided
- Complete **Section B**

If someone has died and you need an Estate TIN

- Complete **Section C**

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? ☐ Yes ☐ No

If yes, state Certificate #:

Do you manufacture the following goods for consumption in Guyana?

Alcoholic Beverages: ☐ Yes ☐ No

Tobacco Products: ☐ Yes ☐ No

Petroleum Products: ☐ Yes ☐ No

Motor Vehicles: ☐ Yes ☐ No

*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 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

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:

☐ Trading as Self

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:

Line 1

Line 2

P.O. Box

Country

Mailing Address:
(if different from above)

Line 1

Line 2

P.O. Box

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