



APPLICATION FOR TAX TYPE REGISTRATION

All fields marked with * are Mandatory
Please fill up the form using **BLOCK LETTERS**

Taxpayer Identification Number (TIN) :

NIC / Business Reg. No. / Institute Reg. No.* :

If Tax Type Registration is together with TIN, TIN is not applicable. Please provide NIC / Business Reg. No./ Institute Reg. No. instead

Tax Type * : Income PAYE VAT NBT WHT
 ESC Stamp Duty VAT on FS

INCOME TAX Corporate Individual Partnership

Premises No. : Unit No. :

Address :

Postal Code :

Total Profit / Income for a Year : **Rs.**

Effective Date on Which Registration is requested : / /

PAY-AS-YOU-EARN (PAYE)

Premises No. : Unit No. :

Address :

Postal Code :

Number of Employees whose emoluments exceed PAYE threshold :

Effective Date on which Registration is requested : / /

NATION BUILDING TAX (NBT)

Premises No. : Unit No. :

Address :

Postal Code :

Total Turnover for Previous Quarter : **Rs.**

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Total Turnover for Previous Year : **Rs.**

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Effective Date on which Registration is requested :

	D		D		/		M		M		/		Y		Y		Y		Y
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WITHHOLDING TAX (WHT)

Premises No. :

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 Unit No. :

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Address :

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 Postal Code :

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Withholding Tax Category :

- | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Interest | <input type="checkbox"/> Rewards | <input type="checkbox"/> Annuities | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Management Fees | <input type="checkbox"/> Shares of Fines | <input type="checkbox"/> Rent | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Royalty Fees | <input type="checkbox"/> Lottery of Prizes | <input type="checkbox"/> Others | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Debt Securities | <input type="checkbox"/> Betting and Gambling | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | |
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Effective Date on Which Registration is requested :

	D		D		/		M		M		/		Y		Y		Y		Y
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VALUE ADDED TAX (VAT)

Tax Type Address

Premises No. :

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 Unit No. :

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Address :

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 Postal Code :

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VAT Liabile Business Activity :

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Effective Date on Which Registration is requested :

	D		D		/		M		M		/		Y		Y		Y		Y
--	---	--	---	--	---	--	---	--	---	--	---	--	---	--	---	--	---	--	---

Date of First Transaction on Taxable Supplies up to now / :

	D		D		/		M		M		/		Y		Y		Y		Y
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Estimated Date to make Taxable Supplies :

	D		D		/		M		M		/		Y		Y		Y		Y
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Total Taxable Supply up to now : **Rs.**

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Estimated value of taxable supplies in the next twelve months : **Rs.**

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Address of Business Operation :

Premises No. : Unit No. :
Address :

 Postal Code :

VAT Registration Type : With Supply Basis Strategic Development Project
 Without Supply Basis (22(7)) Deemed Supply Registration (10(C))
 Special Project

Register for Cash Basis (For 22(7) and 10(C)) : Yes No

If you are registering for Sec 22(7) or Special Project or Strategic Development Project, please fill in APPLICATION FORM FOR SEC 22(7) / SP / SDP as well

VALUE ADDED TAX ON FINANCIAL SERVICES (VAT on FS)

Tax Type Address

Premises No. : Unit No. :
Address :

 Postal Code :

Financial Year : January – December April - March

Liabile Business Activity :

Total value of supplying of Financial Services for 3 months : **Rs.**

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Total value of supplying of Financial Services for 12 months : **Rs.**

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Effective Date on which Registration is requested :

D	D	/	M	M	/	Y	Y	Y	Y
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If you wish the Department to send letters to different address for each of different tax matters, please first check with officer whether you are eligible before you fill in the Tax Type address above.

If application is submitted by an authorized person, please specify the name of the authorized person

Name :

National Identity Card / Passport No. :

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Designation :

AUTHORIZATION *

I do hereby certify that the particulars furnished by me in this application are true and correct.

Name :

Designation :

National Identity Card / Passport No. :

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Signature :

Date :

D	D	/	M	M	/	Y	Y	Y	Y
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Note: This form to be submitted along with supporting documents (If any) to the Help Desk at the nearest IRD branch.