

# 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

P.O. Box

Line 2

Country

Business Address:

Line 1

P.O. Box

(if different from above)

Line 2

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:	<input type="checkbox"/> Partnership	<input type="checkbox"/> International Organisation	<input type="checkbox"/> Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Diplomatic Entity
	<input type="checkbox"/> Cooperative Society	<input type="checkbox"/> Friendly Society	<input type="checkbox"/> Public Corporation	<input type="checkbox"/> Statutory Body	

Are you exempted from Taxes?  Yes  No      Traded Type:  Public  Private (Closed Company)Owned by:  Government  Private EntityResidency:  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:

Phone:

Ext.:

Relationship:  Partner  Owner  Director  
 Company Secretary  Beneficial Owner

TIN:

Date Responsibility commenced:

Principal Partner/Officer?  Yes  No

2 Name:

Phone:

Ext.:

Relationship:  Partner  Owner  Director  
 Company Secretary  Beneficial Owner

TIN:

Date Responsibility commenced:

Principal Partner/Officer?  Yes  No

3 Name:

Phone:

Ext.:

Relationship:  Partner  Owner  Director  
 Company Secretary  Beneficial Owner

TIN:

Date Responsibility commenced:

Principal Partner/Officer?  Yes  No

## 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

First Name

Last Name

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:

- |  |   |
|--|---|
| <input type="checkbox"/> Business/Company/Friendly Society Registration Certificate                              | <input type="checkbox"/> Approval Letter(s) for Tax Holiday               |
| <input type="checkbox"/> Memorandum of Association   | <input type="checkbox"/> Investment Agreements from Government of Guyana  |
| <input type="checkbox"/> Articles of Incorporation   | <input type="checkbox"/> Partnership Agreement                            |
| <input type="checkbox"/> Articles of Association   | <input type="checkbox"/> Small Business Bureau Certificate                |
| <input type="checkbox"/> Balance Sheet (projection to end of current year)                                       | <input type="checkbox"/> Approval Letter for Approved Funds/Schemes/Plans |
| <input type="checkbox"/> Income Statement (projection to end of current year)                                    |   |
| <input type="checkbox"/> Identification for at least one Director (National ID Card, Passport, Driver's Licence) |   |
| <input type="checkbox"/> Identification for Company Secretary (National ID Card, Passport, Driver's Licence)     |   |