



# REVENUE ADMINISTRATION ACT

## APPLICATION FOR TAXPAYER REGISTRATION NUMBER ( INDIVIDUALS )

▶ PLEASE SEE OVERLEAF FOR INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| SECTION A                                                                                                                                                       |  | <b>FOR OFFICIAL USE ONLY</b>                                                                                                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. SURNAME :<br><br>FIRST NAME :<br><br>MIDDLE NAME ( S ) :                                                                                                     |  | 3. INDICATE REASON FOR NAME CHANGE<br><br>ADOPTION <input type="checkbox"/> MARRIAGE <input type="checkbox"/><br><br>DEED POLL <input type="checkbox"/> OTHER <input type="checkbox"/>                                      |  |
| 2. NAME AT BIRTH ( if different from above )<br>SURNAME :<br><br>FIRST NAME :<br><br>MIDDLE NAME ( S ) :                                                        |  |                                                                                                                                                                                                                             |  |
| 5. MARITAL STATUS<br><br>SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/><br>MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> |  | 6. DATE OF BIRTH<br>DAY / MONTH / YEAR                                                                                                                                                                                      |  |
| 8. PARISH OF BIRTH                                                                                                                                              |  | 9. PLACE OF BIRTH                                                                                                                                                                                                           |  |
| 10. NATIONALITY<br><br>JAMAICAN <input type="checkbox"/> ( If other, please specify ) ▼<br>OTHER <input type="checkbox"/>                                       |  | 11. TELEPHONE NUMBER ( S )<br>HOME ▼      WORK ▼<br><br>/                                                                                                                                                                   |  |
| 12. HOME ADDRESS                                                                                                                                                |  | 13. MAILING ADDRESS ( if different from home address )                                                                                                                                                                      |  |
| 14. MOTHER ' S MAIDEN NAME :<br><br>FIRST NAME :<br><br>MIDDLE NAME ( S ) :                                                                                     |  | 15. SPOUSE ' S SURNAME :<br><br>FIRST NAME :<br><br>MIDDLE NAME ( S ) :                                                                                                                                                     |  |
| 16. NIS NUMBER :<br><br>INCOME TAX REFERENCE NO. :                                                                                                              |  | 17. DRIVER'S LICENCE NUMBER :<br>NATIONAL ID NUMBER :<br>PASSPORT NUMBER & TYPE :<br>Jamaican <input type="checkbox"/> ( If other, please specify ) ▼<br>Other <input type="checkbox"/>                                     |  |
| 18. OCCUPATION / PROFESSION                                                                                                                                     |  | 19. DO YOU CARRY ON A TRADE / BUSINESS / PROFESSION ?<br>YES <input type="checkbox"/> <i>If yes, complete Sections B &amp; C, See Instructions</i><br>NO <input type="checkbox"/> <i>If no, complete Section C overleaf</i> |  |

### FOR OFFICIAL USE ONLY

| IDENTIFICATION PRESENTED                                                                                                                                                                                                                    | DOCUMENTATION PRESENTED                                                                                                                                                                                                                                     | REMARKS | STAMP - RECEIVING OFFICE                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------|
| <input type="checkbox"/> DRIVER'S LICENCE<br><input type="checkbox"/> NATIONAL ID<br><input type="checkbox"/> PASSPORT<br><input type="checkbox"/> OTHER ( To be specified hereon and authorised in writing by senior management official ) | <input type="checkbox"/> INCOME TAX CARD<br><input type="checkbox"/> NIS REFERENCE CARD<br><input type="checkbox"/> BUSINESS NAME REGISTRATION CERTIFICATE<br><b>APPLICATION STATUS</b><br><input type="checkbox"/> NEW<br><input type="checkbox"/> UPDATED |         |                                             |
| PROCESSING OFFICER'S NAME                                                                                                                                                                                                                   | PROCESSING OFFICER ' S SIGNATURE                                                                                                                                                                                                                            | DATE    | AGENCY CODE<br><br><b>T   R   -        </b> |

**SECTION B ( TO BE COMPLETED BY PERSONS CARRYING ON A TRADE / BUSINESS / PROFESSION )**

|                                                                           |  |                                                       |                                            |
|---------------------------------------------------------------------------|--|-------------------------------------------------------|--------------------------------------------|
| 20. TRADE / BUSINESS NAME                                                 |  | 21. BUSINESS ADDRESS AND TELEPHONE NUMBER ( S )       |                                            |
| 22. DATE BUSINESS ACQUIRED / STARTED / TO START<br>( Day / Month / Year ) |  | 23. IF ACQUIRED, STATE THE PREVIOUS<br>OWNER'S NAME : |                                            |
| 24. DATE FIRST EMPLOYEE COMMENCED EMPLOYMENT<br>( Day / Month / Year )    |  | BUSINESS NAME :                                       |                                            |
| 25. DATE ACCOUNTING YEAR BEGINS<br>( Day / Month )                        |  | BENO / TRN :                                          |                                            |
| 27. NAME OF AUDITING FIRM / ACCOUNTANT :                                  |  | 26. BENO :                                            |                                            |
| BENO / TRN :                                                              |  | INCOME TAX NO. :                                      |                                            |
| 28. SPECIFY NATURE OF BUSINESS                                            |  | NIS ( EMPLOYER ' S ) NO. :                            |                                            |
| CODE                                                                      |  | BUSINESS NAME REGISTRATION NO. :                      |                                            |
|                                                                           |  | DATE OF REGISTRATION :                                |                                            |
| 29. USUAL COLLECTORATE FOR PAYMENTS                                       |  | CODE                                                  |                                            |
|                                                                           |  | I   R                                                 |                                            |
| 30. BRANCHES AND / OR BUSINESS ACTIVITIES                                 |  |                                                       |                                            |
| NAME AND ADDRESS                                                          |  | NATURE OF BUSINESS                                    | DATE ESTABLISHED<br>( Day / Month / Year ) |
| 1                                                                         |  |                                                       |                                            |
| 2                                                                         |  |                                                       |                                            |
| 3                                                                         |  |                                                       |                                            |
| 4                                                                         |  |                                                       |                                            |

( List others, if applicable, on additional sheet and attach AND complete Additional Information form in respect of each branch listed at 30. )

**SECTION C ( TO BE COMPLETED BY EMPLOYED PERSONS )**

31. IF EMPLOYED, STATE EMPLOYER'S NAME

**SECTION D ( TO BE COMPLETED BY ALL APPLICANTS )**

32. COLLECTORATE / AGENCY AT WHICH YOU DESIRE TO COLLECT YOUR TRN CARD

33. I DECLARE THAT THE INFORMATION GIVEN IN THIS FORM IS TO THE BEST OF MY KNOWLEDGE AND BELIEF A TRUE AND CORRECT STATEMENT.

APPLICANT'S NAME

APPLICANT'S SIGNATURE

DATE

**INSTRUCTIONS**

- ▶ PLEASE PRINT IN INK ONLY OR TYPE. COMPLETE ALL RELEVANT BOXES : DO NOT WRITE IN SHADED AREAS.
- ▶ SELF-EMPLOYED PROFESSIONALS, SOLE PROPRIETORS, EMPLOYED PERSONS OPERATING SEPARATE BUSINESS TO COMPLETE SECTIONS B AND C.
- ▶ TICK ( ✓ ) APPROPRIATE BOX, WHERE REQUIRED.
- ▶ PROVIDE AT LEAST ONE ( 1 ) ID AT BOX 17.
- ▶ RETURN COMPLETED FORM TO THE TAXPAYER REGISTRATION CENTRE OR NEAREST COLLECTORATE ALONG WITH APPROPRIATE IDENTIFICATION AND, IF YOU COMPLETED SECTION B, WITH APPROPRIATE DOCUMENTATION.