

## TAX REGISTRATION

This form can be used to register a limited company and other bodies such as those listed at 5 below, for Corporation Tax, for PAYE/PRSI (as an employer), for VAT and/or Relevant Contracts Tax (RCT).

**Persons,** other than companies and bodies listed at 5 below, requiring to register should complete **Form TR1** or **PAYE employees** taking up their first employment should complete **Form 12A**.

ALL companies are required to make payments and returns by electronic means using ROS. Details on ROS and the returns and related tax liabilities that must be paid and filed electronically are available on **www.revenue.ie**.

Complete all parts of this form as required (\* denotes a required field) in BLOCK LETTERS, sign the declaration below and return it to your Revenue District, details can be found on www.revenue.ie. Without accurate information the registration(s) will be delayed and/or you may experience delays in receipt of Returns and other forms.

Pa	art A	General Details													
1.	State the full name of the is registered under the Co														
2.	If trading under a busines	ss name, state													
3.	Business Address *														
	Phone (inc. area code)		Website												
	Mobile No.					E-Mail									
4.	Registered Office Address	•	·												
	Phone (inc. area code)		E-Mail												
5.	Legal Format (Tick ☑	appropriate box)		<b>I</b>											
	Co-Operative Society				e Unli	mited Compan	y	St	Statutory Body						
	Public Limited Company			Private	Br	Branch of Foreign Company									
	Other														
6.	Date company was regist	ered (Irish registered cor	ompanies)*						D	M	M	Y	Υ	Υ	
7.	Companies Registration (	ompanies)*													
8.	When did the business or								M	M	YY	Υ	Υ		
9.	To what date will annual a						D	D	M	M	YY	Υ	Υ		
10.	If you want your tax affair	rs to be dealt with in Iris	sh, t	ick ☑	the b	ох									
11.	If the company was regist		Corp	orati	on Tax										
	this country previously w did it hold?		Emp												
			Valu												
				Rele	vant	Contracts Tax	(RCT)								
12.	Type of Business*	mainly wholesele						mainly manufacturing							
	(a) Is the business	mainly wholesale						mainly manufacturing service and other							
		building & construction forestry/meat processing													
(b) Describe the business conducted in as much detail as possible. Give a precise description such as 'newsagent', 'dairy farmer', 'textile manufacturer', 'property letting', 'investment income', etc. <b>Do not</b> use general terms such as 'shopkeeper', 'manufacturer', 'computers', 'consultant', etc. If the application is a property related activity you may also need to complete Panel 26, page 3.															
	(c) State the company's ex	ext 1	2 mor	ths			€								

## General Details

	of two directors are requ		,.								1													
	Name			Private Address								Sha	reh	old	ing	$\Box$		PPSN						
													ı	•		%								
			<u> </u>												_	<b>□</b> 0.								
													ľ	•		<b>%</b>								
															_	<b>7</b> 0/								
														•		<b>%</b>								
15.	Company Secretary, if Give the following inform acting precedent partner	natio	on in re	espec	t of	all pa	artner	s, tru	stee	s or	other	r offi	icer	s. L						te w	/heth	er		
	Name						Pri	vate	Add	dres	S						PPSN							
16.	<b>Shareholders</b> , give the more beneficial interest						er (ot	her t	han	a dir	ector	· wh	ose	de	tails	are	sho	own	abov	ve) v	who	nas 3	30%	or or
	Name		Private Address							Shareholding							PPSN							
															T	%								
17.	Adviser Details, give th					of the	com	pany	's ac	ccou	ntant	or t	ax a	dv	ser,	if a	ny,	who	will	prep	oare	the		
	accounts and tax returns Name	s of	the co	mpar	ıy.																			
	Address																							
	Phone (inc. area code)				<u> </u>				T	T	F-	-Mai	il											
	Contact name for Adviso	L_ or									_	IVIG												
				/TA IN	.1\				<del></del>		N 4	انطما	- NI										_	$\overline{+}$
	Tax Adviser Identification	1 INU	umber	(TAII	N)						IVI	lobil	e ivi	<b>)</b> .										
	Client's Reference									•										4				
	If correspondence rela	tinç	g to th	e foll	OWI	ng ıs ┌	bein	g de	alt v	vith	by th	ie a	ССО	unt	ant	or	tax	advi	ser	tick	⊻ re	eleva	ınt	DOX
			VAT (i	.e. V	4T3'	s) L							RC	т [					Emp	loye	er PA	YE/F	PRS	31 🖳
18.	If the business premise (i) The name and privat (not an estate agent	e a	ddress	of th	e la		d																	
	(ii) The amount of rent p	amount of rent paid per: week month or year (Tick ☑ frequency										)	€											
	(iii) The date on which the company started paying the rent											D	D	M	M	YY	/	YY						
	(iv) The length of the agr	eec	d renta	l/leas	e pe	eriod																		
19.	If you acquired the bus	sine	ess fro	m a ¡	prev	ious	own	er, s	tate															
	(i) The name and currer							•																
	from whom it was acc			0	-  -																			

Part B	Registration for Corporation Tax (CT)										
20. If the company is registeri	ng for Corporation Tax tick										
Part C	Registration for VAT										
21. If the company is registeri	ng for VAT tick ☑ box and complete this part										
22. Registration											
(a) State the date from which	h the company requires to register for VAT *	D D M M Y Y Y Y									
	ght only in respect of <b>European Union (EU)</b> blies only to farmers and non-taxable vant box)	Yes No									
prescribed by law  or (ii) you wish to elect  not obliged by law  or (iii) you are in receipt	s or is likely to exceed the limits	(i) ☐ Tick ☑ either (i), (ii) or (iii) as appropriate									
23. Are you applying for the m for goods and services? (t	noneys received basis of accounting	Yes No									
If your answer is 'Yes', is this	•										
(a) expected annual turn	over will be less than €1,000,000 (net of VAT)?	(a) ☐ Tick ☑ either (a) or (b)									
` '	expected annual turnover will come from supplying o persons who are not registered, e.g. hospitals, al public?	(b) as appropriate									
24. State the expected annual	turnover from supplies of taxable goods or services within t	the State *									
25. State your bank or building	g society account to which refunds can be made										
Bank/Building Society											
Branch Address											
IBAN (Max. 34 characters)											
BIC (Max. 11 characters)											
26. Developer/Landlord - Prop	26. Developer/Landlord - Property details for VAT purposes										
(a) Address of the property											
(b) Date purchased or when	development commenced	D D M M Y Y Y Y									
(c) Planning permission refe	erence number, if applicable										
question would be purch a VAT liability, e.g. by sal	utes of the meeting or signed statement*, where it was resolved to ased and/or developed and would be disposed of or used in a major of the property or by exercising the Landlord's 'option to tax'.  Now the date of the meeting, the names of all those present at the early or precedent acting partner in the case of a partnership.	anner which would give rise to									
The statement should be	be signed by the company secretary or director.										
Part D	Registration as an Employer for PA										
	as an employer for PAYE/PRSI tick ☑ box and complete this part	π									
28. Persons Engaged (a) How many employees a	re: Full time - usually working 30 hours or more per week?										
, , , , , , , , , , , , , , , , , , , ,	Part time - usually working less than 30 hours per week?										
(b) State the date your first e	employee commenced or will commence in your employment *	D D M M Y Y Y									

Part D (continued)	Registration as an Employer for PAYE/PRSI							
29. What payroll and PAYE/PRSI recor	d system will you use? (Tick ☑ the relevant box)							
On	ou are using a computerised payroll package you should register for the Revenue -Line Service (ROS) at <b>www.revenue.ie</b> to receive electronic copies of Tax Credit rtificates and to file your P35 End of Year Return on-line.							
(b) Other Manual System Wa	ges books are available from Office Suppliers/Stationery Bookstores.							
30. Correspondence on PAYE/PRSI If correspondence relating to PAYE/P and give the following details, if differ	RSI is being dealt with by an agent, tick ☑ this box ent from Panel 17 page 2.							
Name								
Address								
Phone (inc. area code)	E-Mail							
Tax Adviser Identification Number (TA	Mobile No.							
Client's Reference								
Part E	Registration for Relevant Contracts Tax (RCT)							
Note that Principal Contractors are obliged to use Revenue's Online Service to fulfill their RCT obligations.  Principal Contractors are obliged to register and account for VAT in relation to Construction Services under the VAT Reverse Charge rules. Please refer to Part C of this form, Registration for VAT). Detailed information on RCT and VAT, including guides on Principal Contractor obligations, is available on the Revenue website www.revenue.ie								
31. Are you applying to register as a (t  (a) Principal only	(b) Principal & Subcontractor (c) Subcontractor only							
, ,								
( ) ( ) ( )	If (a) or (b) applies, please provide the number of subcontractors engaged.							
32. Date of Commencement for RCT *								
agent willing to carry out all RCT for	nve you registered for ROS, or have you an yes No No No No No Nomber (TAIN) of your agent, if applicable							
34. Have you previously registered wit	h Revenue as a Principal?							
35. If so, state the date you last ceased								
Additional Information								
The following leaflets will provide additional www.revenue.ie	al information on the taxation aspects of running a business. They are available at							
Guide to Value Added Tax Employer's Guide to PAYE Employers Guide to Benefit-in-kind Code of Practice for Determining Em	ployment or Self-Employment Status of Individuals							
If you require further information please contact your local Revenue office or Employer Helpline at LoCall 1890 25 45 65.								
If you want information on payment options, including <b>Direct Debit</b> , contact the <b>Collector-General at LoCall 1890 20 30 70</b> .  You can access ROS and get more information at <b>www.revenue.ie</b>								
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<b>Declaration</b> Tr	is must be made in every case before the company can be registered for tax							
I declare that the particulars suppl	ed by me in this application are true in every respect							
Name (in BLOCK LETTERS)*								
Signature*								
Capacity of Signatory*  (To be signed by the company secret	DATE* D D M M Y Y Y Y ary or other authorised officer)							