

TAX REGISTRATION

TR1

This form can be used by:

- 1. An individual complete parts A(1), A(3), A(4) and B, C, D and/or E as appropriate.
- 2. A partnership, trust or unincorporated body complete parts A(2), A(3), A(4) and B, C, D and/or E as appropriate to register for, Income Tax, VAT, as an employer for PAYE/PRSI, or for Relevant Contracts Tax (RCT).

Note if you are completing Part A2 and/or C of this form, on registration, you will be 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**.

It should not be used by:

- PAYE employees taking up employment for the first time use Form 12A,
- Companies use Form TR2,
- A body whose sole aim is to receive a registration number to obtain a grant/tax clearance certificate use a form Exempt Registration available on the website,
- Persons who are collection agents for non-resident landlords use Collection Agent Registration form available on the website.

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 Office, 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					G	en	eral	De	etail	s															
A 1	Individuals	- Give	e the	follo	wing	g infor	mati	on of	the	pers	on w	ho is	to b	e regi	ster	ed a	nd t	hen	con	nple	te S	ectio	on A	3/A	4	
1.	Forename*										2	. Su	rnan	ne*												
3.	Gender*		Ma	ale			Fem	ale			4 . I	Natio	nali	ty*												
5.	Date of Birth*	D) M	1 M	Υ	Υ	Y	/		6. P	rivat	te Ac	ldres	ss*												
7.	PPSN*																									
	(for information	on hov	v to	obtai	n a F	PSN	refer	to wv	VW.W	/elfar	e.ie)															
8.	Phone No													9	. Ga	arda irea	Nat	iona	al In	nmig GNI	grat	ion				
	E-Mail													10		amp			•	O . 11	υ,					
11.	Civil Status* Tick ☑ the		Single	Э					Div	orce/	d					W	idow	ed								
	relevant box	l N	/larrie	ed					A f	orme	r Civi	il Par	tner			Α:	Surv	vivino	g Civ	il Pa	artne	er				
		Ir	n a C	Civil P	artn	ership	1		Ма	ırried	but I	iving	apar	t		ln	a Ci	vil P	artn	ersh	nip b	ut liv	ing :	apaı	t	
12.	If married or in	n civil	par	tners	ship	state	the	follo	wing	g det	tails	in re	spe	ct of	you	r spo	ouse	e or	civ	il pa	rtne	er:				
	Name															PP	SN									
	or if PPSN not k		D (S: .:! D	.																-	_4	ť D:	41-		_
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13.	If you want to	have	you	r tax	affa	irs d	ealt	with i	n Iri	ish, 1	ick [⊻ th	e bo	X												
A2	Partnership and then comp					corp	ora	ted I	Вос	dy -	Give	the	ollov	wing ii	nforr	natio	on o	f the	boo	dy w	/ho i	s to	be ı	egis	stere	ed
14.	Name of the B	ody to	o be	regi	ister	ed*																				
15.	Responsible F	Persor	n* §																							
	(a) Name																									
	(b) Address																									
	§ Responsible per group, or preced																									
	group, or preced	ieni pai	uici	ווו נוופ	cas	e oi a	parti	icisiiip	<u> </u>																	
16.	If previously r	egiste	ered	state	e tax	c no.	used	i																		

General Details

7.	Partnership, Trust or Other Body (a minimum of 2 partners are required)
	Give the following information in respect of all partners, trustees or other officers. Under 'Capacity', state whether
	acting precedent partner, partner, trustee, treasurer, etc. If necessary continue on a separate sheet.

Name	Private Ac	Private Address					PPSN (Partners only)							
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											_		$\overline{}$	
													_	
A3 Business Details														
8. State Registration number Receivership of company													_	
A4 Business Details														
9. If trading under a business	s name, state Tradin	g as												
0. Legal Format (tick ☑ appro	opriate box)													
Sole Trade	Partnership	Other		Spec	ify									
21. Business Address (if differ	rent to private addre	ess)												
		7	number											
		Website	address										_	
		Mobile phone	number										_	
		1	E-Mail										_	
22. Type of business*		7											Г	
(a) Is the business	mainly retail	<u> </u> 	mainly who	F			ma	•		ınufa		·	Ĺ	
	ng & construction		//meat proce							e ar		the	. [
(b) Describe the business co 'clothing manufacturer', ' 'shopkeeper', 'manufactu	property letting', 'dairy	y farmer', 'investr										as		
f the application is a property re	elated activity you may	v also need to cor	mplete Pane	el 39.									_	
3. If the business will supply														
24. When did the business or				D D	ММ	Y	Υ	Υ	Υ	7				
25. To what date will annual ac	-			D D	MM	Y	Y	Y	Y	1				
6. State the expected turnove	er in the next twelve	months *								1				
27. Adviser Details - Give the foreturns of the business.	ollowing details of you	ur accountant or t	ax adviser,	f any, wh	no will	prep	are	the	aco	_ cour	nts a	and	ta	
Name		Phone	number											
Address		1	E-Mail										_	
		Mobile phone	number										_	
Tax Adviser Identification		Client's Re	eference										_	

/AT (i.e. VAT3's)		
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	art A continuea	General Details	
29.	If you rent your business pof the landlord (not an estate	e agent or rent collector)	
	The amount of rent paid per	week month year (tick ☑ fre	equency) €
	The date on which you starte	ed paying the rent	D D M M Y Y Y
	The length of the agreed ren	tal/lease period.	
30.	If you acquired the business The name and current address from whom you acquired it	ess from a previous owner, state ess of the person	
	The VAT/registered number	of that person	
Pá	art B	Registration for Income Tax (non-PAYE)
31.	If you are registering for In	come Tax tick ☑ the box and indicate your main source	of income below:
32.	Trade Foreign Other	Income (incl. Salary & Pension) Rental Income Specify	Investment Income
33.	State your bank or building	g society account to which Income Tax refunds can be made):
	Bank/Building Society		
	Branch Address		
	Sorting Code	9 Account Number	
Pa	art C	Registration for VAT	
34.	If you are registering for V	AT tick ☑ box and complete this part	
35.	Registration		
	(a) State the date from which	h you require to register for VAT *	
		ght only in respect of European Union (EU) acquisitions? ners and non-taxable entities) (tick ☑)	Yes No
	(c) Are you registering beca (i) your turnover excee for registration? Or	use * ds or is likely to exceed the limits prescribed by law	(i) Tick either
	(ii) you wish to elect to k to be registered)? O	be a taxable person , (although not obliged by law	(ii) (i), (ii) or (iii) as appropriate)
	` ' ' '	ousiness to business services where the reverse charge to a copy of the invoice if this is the case.	(iii)
36.	Are you applying for the m goods and services? (tick [oneys received basis of accounting for ☑)	Yes No
	If your answer is 'Yes', is this (a) expected annual turnove	s because or will be less than €1,000,000,	(a) Tick either
		ected annual turnover will come from supplying goods and are not registered, e.g. hospitals, schools or the general public	(b) (a) or (b) as appropriate)
37.	State the expected annual	turnover from supplies of taxable goods or services within t	the State *
38.	State your bank or building	g society account to which refunds can be made:	
	Bank/Building Society	<u> </u>	
	Branch Address		
	Sorting Code	9 Account Number	
39.		erty details for VAT purposes	
	(a) Address of the property		
	(b) Date purchased or when	development commenced	

Part C continued	Regi	istration for VAT		
39. (c) Planning permiss	sion reference number, i	f applicable		
	of or used in a manner v			rchased and/or developed and of the property or by exercising
In the case of a partr	nership, the statement s	hould be signed by the prece	dent acting partner.	
Part D	Regi	istration as an Emplo	yer for PAYE/F	PRSI
40. If you are registering	ng as an employer for l	PAYE/PRSI tick ☑ box and o	complete this part	
41. Persons Engaged				
(a) How many empl o	•	 usually working 30 hours or usually working less than 3 	•	
(h) State the date vo		enced or will commence in yo	•	
. ,		em will you use? (tick ⊠ the		
(a) Computer System		using a computerised payroll	•	d register for the Revenue
(a) Computer System	On-Line se	ervice (ROS) at www.revenues and to file your P35 End of	e.ie to receive electr	onic copies of Tax Credit
(b) Other Manual Sy	stem Wages bo	oks are available from Office	Suppliers/Stationer	y Bookstores
43. Correspondence or	n PAYE/PRSI			
	elating to PAYE/PRSI is I	being dealt with by an agent,	tick ☑ this box	and give the following
Name		Phone number	er	
Address		E-Ma	il	
		Mobile phone number	er	
Tax Adviser Identifica	ation	Client's Reference	е	
Part E	Regi	istration for Relevant	Contracts Tax	(RCT)
Note that Principal Cor Principal Contractors a Reverse Charge rules. including guides on Pr	ntractors are obliged to are obliged to register Please refer to Part C incipal Contractor obl	o use Revenue's Online Ser and account for VAT in rela of this form, Registration fo igations, is available on the	vice to fulfill their tion to Construction or VAT). Detailed in	RCT obligations. on Services under the VAT nformation on RCT and VAT,
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