



## BELIZE TAX SERVICE REGISTRATION FORM - INDIVIDUALS



**For Official Use Only**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**BTS101**

Name: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_  
DAY/MONTH/YEAR

Marital Status: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(SINGLE, MARRIED, DIVORCED, SEPARATED, WIDOWED)

Profession/Occupation: \_\_\_\_\_

<b>IDENTIFICATION NUMBERS</b>	<b>CONTACT INFORMATION</b>
Tax Identification Number: _____	Work Number: _____
Social Security Number: _____	Home Number: _____
Other Identification: Type _____	Cell Number: _____
Number _____	Fax Number: _____
	Email Address: _____

**EMPLOYMENT INFORMATION**

Current Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Period of Employment: \_\_\_\_\_

  

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Period of Employment: \_\_\_\_\_

  

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Period of Employment: \_\_\_\_\_

**ADDRESSES**

Home Address: \_\_\_\_\_  
NUMBER/STREET NAME

\_\_\_\_\_  
(CITY/TOWN/VILLAGE/DISTRICT)

Mailing Address: \_\_\_\_\_  
NUMBER/STREET NAME

\_\_\_\_\_  
(CITY/TOWN/VILLAGE/DISTRICT)

Post Office Box: \_\_\_\_\_ City/Town: \_\_\_\_\_

