



# BELIZE TAX SERVICE

## APPLICATION FOR REGISTRATION



**For Official Use Only**

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

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

**BTS100**

Business Entity:      Company       Partnership       Sole Proprietor       Other (Specify) \_\_\_\_\_

Type of Registration:      Business Tax       General Sales Tax       P.A.Y.E.

**A. GENERAL INFORMATION**

- |   |   |
|---|---|
| 1. Business Registration Number: _____                            | 2. Business Registration Date: _____        |
| 3. Business Activities: Primary _____ Secondary _____ Other _____ |   |
| 4. Date Business Activity Commenced: _____                        | 5. Date Taxable Activity Commenced: _____   |
| 6. Gross Sale of Activities not including Capital Goods : _____   | 7. Gross Sales from Primary Activity: _____ |

**B. TAXPAYER INFORMATION - SOLE PROPRIETOR**

- |  |                           |
|--|---------------------------|
| 1. Taxpayer Identification Number: _____                 | 2. Social Security: _____ |
| 3. Last Name: _____ First Name: _____ Middle Name: _____ |                           |
| 4. Maiden Name: _____                                    | 5. Trade Name: _____      |
| 6. Business Address: _____                               | 7. Email Address: _____   |
| 8. Home Address: _____                                   | 9. Contact Number: _____  |
| 10. Date of Birth: _____<br>Day/Month/Year               | 11. Nationality: _____    |
|  | 12. Marital Status: _____ |

**C. TAXPAYER INFORMATION - COMPANY/PARTNERSHIP/NGO**

- |  |                             |
|--|-----------------------------|
| 1. Company Name: _____                 | 2. Trade Name: _____        |
| 3. Business Address: _____             | 4. Mailing Address: _____   |
|  | 5. Foreign/Parent Co: _____ |
| 6. Business Telephone Number(s): _____ | 7. Fax Number(s): _____     |
| 8. Cell Phone Number: _____            | 9. Email Address: _____     |
| 10. Representative: _____              | 11. Position: _____         |

**D. REVENUE INFORMATION**

- |  |   |                             |  |
|--|---|-----------------------------|--|
| 1. Do you expect <b>GST</b> Taxable Supplies for the next 12 months to exceed \$75,000?          | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |  |
| 2. Do you expect <b>GST</b> Taxable Supplies to exceed \$6,250.00 monthly for the next 4 months? | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |  |
| 3. Do you make zero-rated supplies?  | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |  |
| 4. Do you make exempt supplies?  | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |  |
| 5. Are you below the registration threshold ( <b>GST</b> ) but still wish to be registered?      | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |  |
| 6. Are you a major exporter?      Yes <input type="checkbox"/> No <input type="checkbox"/>       | 7. Are you an importer?      Yes <input type="checkbox"/> No <input type="checkbox"/> |                             |  |
| 8. Fiscal Year End: _____  |   |                             |  |
| 9. Do you carry out taxable activities in more than one location? (if yes, list locations)       | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |  |

**E. OWNER/SHAREHOLDER INFORMATION (submit additional list if space is insufficient)**

TIN	Full Name	Home Address	Email Address	Contact No.	No. of Shares
a.					
b.					
c.					
d.					
e.					

**F. BANK INFORMATION**

	Name	Address	Branch Number	Account Number
a.				
b.				
c.				

**G. EMPLOYMENT**

Are you an employer? Yes  No  No. of employees \_\_\_\_\_ Have you remitted tax withheld? Yes  No

Do you operate your business: Year Round  Seasonally  Occasionally

**EMPLOYERS: PLEASE COMPLETE THIS SECTION OF THE FORM**

Date on which you first became an Employer: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Approximate size of Payroll each Payday: \$ \_\_\_\_\_ How often do you pay your employees? \_\_\_\_\_

If you are a seasonal employer, for what periods do you have employees? \_\_\_\_\_

**PLEASE SUBMIT A LIST OF EMPLOYEES IN THE FOLLOWING FORMAT:**

	TIN	Full Name	Employment Start Date	Employment End Date (if applicable)	Social Security Number
a.					
b.					
c.					
d.					

**DECLARATION**

I \_\_\_\_\_, hereby declare that the information given on this application form is true, correct and complete and, I further declare that I have the authority to make this disclosure of the information provided.

Name	Signature	Position	Date / / Day/Month/Year
_____	_____	_____	_____

**IT IS A SERIOUS OFFENCE TO MAKE A FALSE DECLARATION**

**FOR OFFICIAL USE ONLY**

Date Application Received	Effective Date of Registration	Rejected	New Taxpayer	Document #	Primary Standard Industrial Code
_____	_____	_____	_____	_____	_____
Approved By	Position	# of Certificates	Date Approved/Rejected	TIN	Registration Type
_____	_____	_____	_____	_____	_____