



BELIZE TAX SERVICE
APPLICATION TO CHANGE STATUS DETAILS
OR CANCEL REGISTRATION



For Official Use Only

Date: _____

Signature: _____

BTS104

Business Entity: Company Partnership Sole Proprietor Other (specify) _____

A. CHANGE OF STATUS

Tax Identification Number: _____

Reason for change in Registration: _____

A1. CURRENT DATA

Name of Taxpayer: _____

Trade Name: _____

Mailing Address: _____

Email Address: _____

Primary Activity: _____

Telephone Number: _____ Fax Number: _____

A2. NEW DATA

Name of Taxpayer: _____

Trade Name: _____

Mailing Address: _____

Email Address: _____

Primary Activity: _____

Telephone Number: _____ Fax Number: _____

Please tick here if there are other changes required and attach a sheet with details to this form

B. CANCELLATION OF REGISTRATION

Tax Identification Number: _____

Reason for cancellation of Registration: _____

Name of Taxpayer: _____

Trade Name: _____

Mailing Address: _____

Email Address: _____

Primary Activity: _____

Telephone Number: _____ Fax Number: _____

Date Taxable Activity will cease or Business will be sold: _____
 Day / Month / Year

Value of Stock on Hand: _____ Value of Assets on Hand: _____

C. DECLARATION

I _____, hereby declare that the information given on this application form is correct and complete.

Signature _____ Title _____ Date _____

FOR OFFICIAL USE ONLY

Date _____

Approved By _____

Received By _____

Position _____

Effective Date _____

Document Number _____