



Belize Tax Service

IBC ANNUAL INFORMATION RETURN



For Official Use Only
Date: _____
Signature: _____

BTS1501

PART 1 - TAXPAYER INFORMATION

Complete all applicable sections and where necessary.

If a section does not apply, kindly indicate "Not applicable" or N/A in the space provided.

Name of Entity: _____	Tax Identification Number:	
Tax Registration number(Tax Residence): _____	Tax Period Year: _____	
Location of Entity (Tax Residence): _____		

PART 2 - Details of Controlling Persons

Directors

Name	Address	Jurisdiction of Tax	Email Address

Shareholder(s)

Name	Address	Jurisdiction of Tax	Email Address	% of Shares

Corporate Shareholder(s)

Name	Address	Jurisdiction of Tax	Email Address	% of Shares

PART 3 - Ultimate Beneficial Owner

Ultimate Beneficial Owner(s)

Name	Address	Jurisdiction of Tax	Email Address	% of Shares

I **certify** that the particulars set out in this form are true and correct to the best of my knowledge, information and belief.

Name: _____
Position: _____

Signature: _____
Date: _____