



PAYROLL TAX
EMPLOYER/SELF-EMPLOYED PERSON REGISTRATION FORM
PAYROLL TAXES ACT 2004

1. Type of Business: _____ 2. Date business commenced _____

3. Business name, physical address, and telephone numbers: 4. Business mailing address (if different from #3)

Home #: _____ Work #: _____ Cell #: _____ Fax #: _____
E-Mail: _____

5. Name of Sole Proprietor/ Partners/ Directors/ Principal Officers – Include physical address, and telephone numbers where different from above (*Attach additional sheets if needed*):

6. Name of Partners and percentage of profits entitlement of each partner:

7. Name of shareholders and number of shares held by each shareholder:

8. If the employer has more than one place of business or is associated with other businesses/companies in the BVI, please state name, and location:

9. The employer is (please check one box):
- | | | |
|---|--|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input type="checkbox"/> An educational organization |
| <input type="checkbox"/> An Unincorporated Association | <input type="checkbox"/> A Registered Charity | <input type="checkbox"/> An employer (with domestic staff within private home) |
| <input type="checkbox"/> An ecclesiastical organization | <input type="checkbox"/> A Local Company (Limited) | <input type="checkbox"/> Other |

10. Persons authorized to operate Payroll Tax, name, address, and telephone number (specifying the office held):

N.B. With this application:

- ***All businesses are required to submit a copy of its valid Trade License***
- ***A local company is required to submit a copy of its Memorandum of Articles of Association and list of directors***
- ***A limited Liability company is required to submit a copy of its Certificate of Incorporation***
- ***A valid Government issued Identification (driver's license / passport) is required for each owner / director***

11. Estimated payroll for the calendar year including notional remuneration: _____

12. Estimated turnover (gross receipts) for the calendar year: _____

13. Number of employees including deemed employees: _____

Declaration:

I hereby declare the foregoing to be true to the best of my knowledge.

Print name/s and Title/s: _____

Signature/s: _____ Date: _____

Internal Use:

Form processed by: _____	Date: _____
Payroll Tax # _____	IRD # _____

Tortola:
Central Administration Complex
#33 Admin. Drive
P.O. Box 4634, Road Town, Tortola VG 1110
British Virgin Islands
Phone (284) 494-3701 ext. 2155 Fax: (284) 494-6516
E-Mail: bvitaxes@gov.vg
Website: www.ird.gov.vg

Virgin Gorda:
Vanterpool Administration Complex
Valley, Virgin Gorda VG 1150
British Virgin Islands
Phone: (284) 468-6564 Fax (284) 468-6501