



OFFICE OF THE COMMISSIONER
Inland Revenue Department
Government of the Virgin Islands

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: _____

14. Number of Full-Time Employees: _____ Number of Part-Time 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 # _____