

Part A

TAX REGISTRATION

This form can be used by:

- 1. An individual complete parts A(1), A(3) and B, C, D and/or E as appropriate.
- 2. A partnership, trust or unincorporated body complete parts A(2), A(3) and B, C, D and/or E as appropriate to register for, income tax, VAT, as an employer for PAYE/PRSI, or for Relevant Contracts Tax.

It should not be used by:

PAYE employees taking up employment for the first time - use Form 12A,

General Details

- Companies use Form TR2,
- A body whose sole aim is to receive a registration number to obtain a grant/tax clearance certificate use a form Exempt Registration available on the website,
- Persons who are collection agents for non-resident landlords use Collection Agent Registration form available on the website.

Complete ALL parts of this form as required IN BLOCK LETTERS, sign the declaration below and return it to your Revenue District Office. Without accurate information the registration(s) will be delayed and/or you may experience delays in receipt of Returns and other forms.

A 1	Individuals - Give the following info	ormation of	f the per	son who is t	o be regi	stered a	and then	compl	lete Sec	tion A3	
1.	Forename			Surname							
2.	Gender Male	Femal	le	Nationalit	у						
3.	Date of Birth / /			Private Address							
4.	PPS Number			Audress							
5. Marital Status											
Tick rele\	☑ Single Married ant box		Widowed		Married b	ut living a	apart		Divord	ced	
6.	If married state Spouse's name						PPS numb	er			
	or if PPS Number not known Pre-marriage Name Date of Birth Mother's Maiden Name										
	Fre-marriage Name			<i>I</i>			INIOUTIEL 3	vialueii	Name		
A2	Trusts/Partnership - Give the follow	ving informa	ation of th	ne body who	is to be re	egistere	d and the	n comp	olete Sec	tion A3	
7.	Name of the Body to be registered										
8.	Responsible Person* (a) Name										
	(b) Address										
*Responsible person. This could be the secretary of the group, the chairperson of the group, of the precedent acting partner.											
9.	If previously registered state tax num	ber used									
Ded	claration This must b	be made i	in every	case befor	re you c	an be ı	registere	ed for	any tax	•	
I declare that the particulars supplied by me in this application are true in every respect							ect				
NAI (in	ME BLOCK LETTERS)			SI	SIGNATURE						
•	PACITY (individual, secretary, partner, tr	ustee, etc.)		DATE		1	1			
			Page	1			_		INTERNE	T VERSION	

Part A continued General Details

10. Partnership, Trust or Other Body
Give the following information in respect of all partners, trustees or other officers. Under 'Capacity', state whether

Name	Private Addr	ess	Capacity	PPS number (Partners only)				
A3 Business Detail	S							
1. If trading under a bus	siness name, state	Trading as						
2. Legal Format (tick ☑	appropriate box)	Sole Trade	Pa	rtnership	Other			
3. Business Address (in	f different to private addre	ess)						
			: Number					
			umber					
		Mobile	Phone Number					
		E-Mail						
4. Type of business								
a) Is the business	mainly retail	mainly	wholesale	m	nainly manufacturing			
	building & construction	forestry	/meat processin	g s	ervice and other			
	conducted in as much detail	l as possible. Gi	ve a precise des	cription such				
	operty letting', 'dairy farmer turer', 'computers', 'consulta		come', etc. Do n	ot use gener	al terms such as			
Chopheoper, manarate								
If the application is a pro-	operty related activity you n	may also need to	complete Pane	I 30.				
5. If the business will su	ipply plastic bags to the c	customer tick ⊡	1 box					
	ss or activity commence?							
7. To what date will ann	ual accounts be made up		/					
		/	1					
· ·	rnover in the next twelve	€						
9. Adviser Details Give the following deta	ils of your accountant or tax	x adviser if any						
	counts and tax returns of the							
Name								
			: Number					
Address			umber					
Tax Adviser Identification Numb	or		e Phone Number s Reference					
(TAIN)	ei <u> </u>	Cilent	S Reference					
	ting to VAT (i.e. VAT 3s) is b	peing dealt with I	ov the accountar	nt or tax advis	ser tick ☑ box			
•		J	,					
If you rent your busing Name and private add								
(not an estate agent of	r rent collector)							
The amount of rent pa		nth or yea	ar (tick E		€			
The date on which you					/ /			
The length of the agree	u rental/lease period.	Page 2						

Part A continued General Details

22.		u acquired the l					state					
	from whom you acquired it											
	The VAT/registered number of that person											
Par	Part B Registration for Income Tax (non-PAYE)											
23.	23. If you are registering for Income Tax tick ☑ box and indicate your main source of income below:										come below:	
24.	Trac	de	Foreig (incl. Sal				R	ental Inco	ome		_	estment ome
	Oth	er		Spec	ify							
	Tick the box which applies to you. If your main source of income is subject to PAYE but you are registering because your non-PAYE income cannot be coded against your tax credits, indicate here the main source of the non-PAYE income.											
Par	Part C Registration for VAT											
25.	If yo	u are registerir	ng for V	AT tick	☑ box a	ınd comp	lete t	his part				
26.	Regi	stration										
	(a)	State the date		•	•	ŭ					1	/
	(b)	Is registration I European Uni				pect of						
		(This applies o	nly to far			axable en	tities)	(tick ☑)		Yes		No
	(c)	Are you regist (i) because you		ver exc	ceeds or	is likely to	o exce	eed the li i	mits			
		prescribed or				,				(i)		
		(ii) because yo	ou wish to	elect	to be a t	axable pe	erson	, (althoug	jh			(Tick either
		not obliged or								(ii)		(i), (ii) or (iii) as appropriate)
		(iii) because yo	u are in	receipt	of Fourt l	h Schedu	ıle Se	rvices?		(iii)		ασ αρριορπαίο)
27.	Are y	you applying fo								` '		
		counting for g			,	ck ☑)				Yes		No
	-	ur answer is 'Ye				C4 00	00.000			(-)		
	(a)	or expected annu	iai turnov	er wiii i	oe iess tr	nan €1,00)0,000),		(a)		(Tick either
	(b)	at least 90% of	f vour ex	pected	annual tı	urnover w	ill con	ne from				(a) or (b) as appropriate)
	(-)	at least 90% of your expected annual turnover will come from supplying goods and services to persons who are not registered, (b) e.g. hospitals, schools or the general public.							.,, .,			
28	If you	ur business is		·	•		n thic	State				
20.		the expected a							servic	es within	the State	€
29.	State	your bank or	building	socie	ty accou	ınt to whi	ch V	AT refund	ds can	be made	9	
	Bank/l	Building Society										
	Brancl	h Address										
	Sortin	g Code				Acco	ount Nu	ımber				
30. Developer/Landlord - Property details for VAT purposes												
	(a)	Address of the	property	,								
	(b) Date purchased or when development commenced // //											
	(b)	Planning permis						_ 	,			
	(d)	A signed state	ment fror	n you/y	our clien	nt confirmi	ng tha					rchased and/or
	. ,		I will be o	lispose	d of or us	sed in a m	nanne	r which w				y, e.g., by sale of the

In the case of a partnership, the statement should be signed by the precedent acting partner.

31.	If you are registering as an em	ployer for PAYE/PRSI ti	ck	lete this part					
32.	Persons Engaged (a) How many employees are:	Full time - usually work	ing 30 hours or more	e per week?					
		Part time - usually work	king less than 30 hou	rs per week?					
	(b) State the date your first employee	oyee commenced or will o	commence in your en	nployment	1	1			
33. What payroll and PAYE/PRSI record system will you use? (tick ☑ the relevant box)									
	(a) Computer System	Service (ROS) at www.revenue.ie to receive electronic copies of Tax							
	(b) Other Manual System	your P35 End of Year Reti Wages books are availabl	urn on-line. le from Office Suppliers/Stationery Bookstores						
	Correspondence on PAYE/PRS If correspondence relating to PAY details if different from Panel 19. Name		th by an agent, tick ☑ Phone: Number	1 this box	and give the f	ollowing			
	Address		Fax: Number	()					
			Mobile Phone Number						
	Tax Adviser Identification Number (TAIN)		Client's Reference						
	t E Reg If you are registering as a Prince Forestry/Meat Processing indu		in the Construction		rant Contracts	Tax)			
36.	Date of Commencement as a F	Principal			1	1			
37.	Number of uncertified Subcon	tractors currently engaç	ged						
38.	Confirm that Form RCT1 has b	een completed for all S	ubcontractors (tick 🛭	☑) Yes		No			
39.	State Addresses of all sites or (A further sheet should be atta		contractors are curr	ently engaged	I				
-									
40.	I wish to apply for the following will be used exclusively in the				at the RCTDC	's/C45's			
۸dd	itional Information								
ava	following leaflets will provide addilable at www.revenue.ie, from Re	venue's Form's and Leafl							
-	T48 Starting in Business – A								

Registration as an Employer for PAYE / PRSI

VAT for Small Businesses

Employer's Guide to PAYE

Part D

Employer's Guide to operating PAYE and PRSI for certain benefits

Code of Practice for Determining Employment or Self-Employment Status of Individuals

If you have further information queries or concerns contact your local Revenue office or Employer PAYE Enquiries at LoCall 1890 25 45 65.

If you want information on payment options, including Direct Debit, contact the Collector-General at LoCall 1890 20 30 70.

Revenue On-Line Service (ROS) Save time - File On-Line

Once registered, you can access your tax details and file returns on-line using Revenue On-Line Service (ROS). ROS is available 24 hours a day, 365 days a year. It is easy, instant and secure.

For further details on ROS, visit our website at www.revenue.ie or call the ROS Information Desk at LoCall 1890 20 11 06.