

## TAX REGISTRATION

TR<sub>2</sub>

This form can be used to register a limited company and other bodies such as those listed at 5 below, for Corporation Tax, for PAYE/PRSI (as an employer), for VAT and/or Relevant Contracts Tax (RCT).

**Persons,** other than companies and bodies listed at 5 below, requiring to register should complete **Form TR1** or **PAYE employees** taking up their first employment should complete **Form 12A**.

ALL companies are required to make payments and returns by electronic means using ROS. Details on ROS and the returns and related tax liabilities that must be paid and filed electronically are available on **www.revenue.ie**.

Complete all parts of this form as required (\* denotes a required field) in BLOCK LETTERS, sign the declaration below and return it to your Revenue District, details can be found on www.revenue.ie. Without accurate information the registration(s) will be delayed and/or you may experience delays in receipt of Returns and other forms.

| Pa   | art A   | General Details |          |                           |                         |       |       |                      |                |                           |     |        |       |     |   |   |
|--|---|-----------------|----------|---------------------------|-------------------------|-------|-------|----------------------|----------------|---------------------------|-----|--------|-------|-----|---|---|
| 1.   | <ol> <li>State the full name of the company as it<br/>is registered under the Companies' Acts *</li> </ol>  |                 |          |                           |                         |       |       |                      |                |                           |     |        |       |     |   |   |
| 2.   | If trading under a business name, state   |                 |          |                           |                         |       |       |                      |                |                           |     |        |       |     |   |   |
| 3.   | Business Address *  |                 |          |                           |                         |       |       |                      |                |                           |     |        |       |     |   |   |
|  | Phone (inc. area code)  |                 |          |                           |                         |       |       | Website              |                |                           |     |        |       |     |   |   |
|  | Mobile No.  |                 |          |                           |                         |       |       | E-Mail               |                |                           |     |        |       |     |   |   |
| 4.   | Registered Office Address *   |                 |          |                           |                         |       |       |                      |                |                           |     |        |       |     |   |   |
|  | Phone (inc. area code)  |                 |          |                           |                         |       |       | E-Mail               |                |                           |     |        |       |     |   |   |
| 5.   | Legal Format (Tick ☑  | appropriate bo  | )<br>(x) |                           | 1                       |       |       |                      |                |                           |     |        |       |     |   |   |
|  | Co-Operative Society  |                 |          | Private Unlimited Company |                         |       |       | s                    | Statutory Body |                           |     |        |       |     |   |   |
|  | Public Limited Company  |                 |          |                           | Private Limited Company |       |       |                      | В              | Branch of Foreign Company |     |        |       |     |   |   |
|  | Other (specify)   |                 |          |                           |                         |       |       |                      |                |                           |     |        |       |     |   |   |
| 6.   | Date company was registered (Irish registered comp  |                 |          |                           | mpan                    | ies)* |       |                      |                | D                         | D   | M      | /I Y  | Υ   | Υ | Υ |
| 7.   | . Companies Registration Office (CRO) number (Irish registered companies)*  |                 |          |                           |                         |       |       |                      |                |                           |     |        |       |     |   |   |
| 8.   | 3. When did the business or activity commence?*   |                 |          |                           |                         |       |       |                      |                | D                         | D   | M      | / Y   | Υ   | Υ | Υ |
| 9.   | 9. To what date will annual accounts be made up?*   |                 |          | *                         |                         |       |       |                      | D              | D                         | M   | / Y    | Υ     | Υ   | Υ |   |
| 10.  | If you want your tax affair   | rs to be dealt  | with ir  | ı Iris                    | sh, tic                 | ck ☑  | the b | юх                   |                |                           |     |        |       |     |   |   |
| 11. If the company was registered for any tax in |   |                 |          | Corporation Tax           |                         |       |       |                      |                |                           |     |        |       |     |   |   |
|  | this country previously what reference numbers did it hold?   |                 |          | Employer (PAYE/PRSI)      |                         |       |       |                      |                |                           |     |        |       |     |   |   |
|  |   |                 |          |                           | Value Added Tax         |       |       |                      |                |                           |     |        |       |     |   |   |
|  |   |                 |          |                           |                         | Rele  | vant  | Contracts Tax        | (RCT)          |                           |     |        |       |     |   |   |
| 12.  | Type of Business*   |                 |          |                           |                         |       |       |                      |                |                           | 7   |        |       |     |   |   |
|  | (a) Is the business mainly retail   |                 |          | mainly wholesale          |                         |       |       | mainly manufacturing |                |                           |     |        |       |     |   |   |
|  |   | building & con  | structio | on                        |                         |       | fore  | stry/meat proce      | essing         |                           | sei | vice a | and o | her |   |   |
|  | (b) Describe the business conducted in as much detail as possible. Give a precise description such as 'newsagent', 'dairy farmer', 'textile manufacturer', 'property letting', 'investment income', etc. Do not use general terms such as 'shopkeeper', 'manufacturer', 'computers', 'consultant', etc. If the application is a property related activity you may also need to complete Panel 26, page 3. |                 |          |                           |                         |       |       |                      |                |                           |     |        |       |     |   |   |
|  |   |                 |          |                           |                         |       |       |                      |                |                           |     |        |       |     |   |   |
|  |   |                 |          |                           |                         |       |       |                      |                |                           |     |        |       |     |   |   |
|  | (c) State the company's expected turnover in the next 12 months   |                 |          |                           |                         |       |       | €                    | €              |                           |     |        |       |     |   |   |

| VAT (i.e. VAT3's)   | RCT                | Employer PAYE/PRSI |
|---|--------------------|--------------------|
| <ul><li>18. If the business premises is rented, state:</li><li>(i) The name and private address of the landlord (not an estate agent or rent collector)</li></ul> |                    |                    |
| (ii) The amount of rent paid per: week month or year  | (Tick ☑ frequency) | €                  |
| (iii) The date on which the company started paying the rent   |                    | D D M M Y Y Y      |
| (iv) The length of the agreed rental/lease period   |                    |                    |
| 19. If you acquired the business from a previous owner, state     (i) The name and current address of the person from whom it was acquired                        |                    |                    |

(ii) The VAT/ registered number of that person

| Part B   | Registration for Corporation Tax (CT)  |   |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|
| 20. If the company is registeri  | ng for Corporation Tax tick ☑ the box  |   |  |  |  |  |  |  |  |
| Part C   | Registration for VAT   |   |  |  |  |  |  |  |  |
| 21. If the company is registeri  | ng for VAT tick ☑ box and complete this part   |   |  |  |  |  |  |  |  |
| 22. Registration   |  |   |  |  |  |  |  |  |  |
| (a) State the date from which  | th the company requires to register for VAT *  | D D M M Y Y Y   |  |  |  |  |  |  |  |
|  | ght only in respect of <b>European Union (EU)</b><br>plies only to farmers and non-taxable<br>vant box)  | Yes No  |  |  |  |  |  |  |  |
| prescribed by law or (ii) you wish to elect not obliged by law or (iii) you are in receipt   | s or is likely to exceed the limits  | (i) ☐ Tick ☑ either (i), (ii) or (iii) as appropriate |  |  |  |  |  |  |  |
| 23. Are you applying for the m for goods and services? (t  | noneys received basis of accounting  | Yes No  |  |  |  |  |  |  |  |
| If your answer is 'Yes', is this   | •  | (a) Tick ☑ either (a) or (b)                          |  |  |  |  |  |  |  |
| or (b) at least 90% of your expected annual turnover will come from supplying goods and services to persons who are not registered, e.g. hospitals, schools or the general public?   |  |   |  |  |  |  |  |  |  |
| 24. State the expected annual  | turnover from supplies of taxable goods or services within   | the State *   |  |  |  |  |  |  |  |
| 25. State your bank or building  | g society account to which refunds can be made   |   |  |  |  |  |  |  |  |
| Bank/Building Society  |  |   |  |  |  |  |  |  |  |
| Branch Address   |  |   |  |  |  |  |  |  |  |
| Sorting Code   | 9 Account Number   |   |  |  |  |  |  |  |  |
| 26. Developer/Landlord - Property details for VAT purposes   |  |   |  |  |  |  |  |  |  |
| (a) Address of the property  |  |   |  |  |  |  |  |  |  |
| (b) Date purchased or when   | development commenced  | D D M M Y Y Y   |  |  |  |  |  |  |  |
| (c) Planning permission refe   | erence number, if applicable   |   |  |  |  |  |  |  |  |
| (d) Attach a copy of the minutes of the meeting or signed statement*, where it was resolved that the property in question would be purchased and/or developed and would be disposed of or used in a manner which would give rise to a VAT liability, e.g. by sale of the property or by exercising the Landlord's 'option to tax'. |  |   |  |  |  |  |  |  |  |
| by the company secreta<br>The statement should b   | ow the date of the meeting, the names of all those present at the ary or precedent acting partner in the case of a partnership.  De signed by the company secretary or director. | meeting and should be signed                          |  |  |  |  |  |  |  |
| Part D   | Registration as an Employer for Pa   |   |  |  |  |  |  |  |  |
| , , , ,  | as an employer for PAYE/PRSI tick ☑ box and complete this pa   | rt  |  |  |  |  |  |  |  |
| 28. Persons Engaged (a) How many employees a   | are: Full time - usually working 30 hours or more per week?  |   |  |  |  |  |  |  |  |
|  | Part time - usually working less than 30 hours per week?   |   |  |  |  |  |  |  |  |
| (b) State the date your first e  | employee commenced or will commence in your employment *   | D D M M Y Y Y Y                                       |  |  |  |  |  |  |  |

| Part D (continued)  | Registration as an Employer for PAYE/PRSI   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| 29. What payroll and PAYE/P   | RSI record system will you use? (Tick ☑ the relevant box)   |  |  |  |  |  |  |
| (a) Computer System   | If you are using a computerised payroll package you should register for the Revenue On-Line Service (ROS) at <b>www.revenue.ie</b> to receive electronic copies of Tax Credit Certificates and to file your P35 End of Year Return on-line. |  |  |  |  |  |  |
| (b) Other Manual System   | Wages books are available from Office Suppliers/Stationery Bookstores   |  |  |  |  |  |  |
| 30. Correspondence on PAYE/PRSI  If correspondence relating to PAYE/PRSI is being dealt with by an agent, tick ☑ this box and give the following details, if different from Panel 17 page 2.  |   |  |  |  |  |  |  |
| Name  |   |  |  |  |  |  |  |
| Address   |   |  |  |  |  |  |  |
| Phone (inc. area code)  | E-Mail.   |  |  |  |  |  |  |
| Tax Adviser Identification N  | umber (TAIN) Mobile No.   |  |  |  |  |  |  |
| Client's Reference  |   |  |  |  |  |  |  |
| Part E  | Registration for Relevant Contracts Tax (RCT)   |  |  |  |  |  |  |
| Note that Principal Contractors are obliged to use Revenue's Online Service to fulfill their RCT obligations.  Principal Contractors are obliged to register and account for VAT in relation to Construction Services under the VAT Reverse Charge rules. Please refer to Part C of this form, Registration for VAT). Detailed information on RCT and VAT, including guides on Principal Contractor obligations, is available on the Revenue website www.revenue.ie |   |  |  |  |  |  |  |
|   | ter as a (tick ☑ the relevant box) *  |  |  |  |  |  |  |
| (a) Principal only  | (b) Principal & Subcontractor (c) Subcontractor only  |  |  |  |  |  |  |
| If (a) or (b) applies, plea   | se provide the number of subcontractors engaged.  |  |  |  |  |  |  |
| 32. Date of Commencement f  | or RCT *  |  |  |  |  |  |  |
| 33. If you are a Principal Contractor have you registered for ROS, or have you an agent willing to carry out all RCT functions who is registered for ROS?  State the Tax Advisor Identification Number (TAIN) of your agent, if applicable  |   |  |  |  |  |  |  |
| 34. Have you previously regis   | stered with Revenue as a Principal?  Yes  No  |  |  |  |  |  |  |
| 35. If so, state the date you la  | st ceased to be a Principal DDMMYYYY  |  |  |  |  |  |  |
| Additional Informati  | on  |  |  |  |  |  |  |
| www.revenue.ie or from Reven  | e additional information on the taxation aspects of running a business. They are available at ue's Form's and Leaflets service at <b>LoCall 1890 306 706 (available 24 hours a day)</b> .   |  |  |  |  |  |  |
| Guide to Value Added Tax Employer's Guide to PAYE Employer's Guide to operating PAYE and PRSI for certain benefits Code of Practice for Determining Employment or Self-Employment Status of Individuals   |   |  |  |  |  |  |  |
| ,   | n please contact your local Revenue office or Employer Helpline at <b>LoCall 1890 25 45 65</b> .  |  |  |  |  |  |  |
| If you want information on payment options, including <b>Direct Debit</b> , contact the <b>Collector-General at LoCall 1890 20 30 70</b> .  |   |  |  |  |  |  |  |
| You can access ROS and get more information at www.revenue.ie   |   |  |  |  |  |  |  |
| Declaration   | This must be made in every case before the company can be registered for tax  |  |  |  |  |  |  |
| I declare that the particula  | ars supplied by me in this application are true in every respect  |  |  |  |  |  |  |
| Name (in BLOCK LETTER   | S)*   |  |  |  |  |  |  |
| Signature*  |   |  |  |  |  |  |  |
| Capacity of Signatory* (To be signed by the compa   | DATE* D D M M Y Y Y Y Any secretary or other authorised officer)  |  |  |  |  |  |  |