

## TAX REGISTRATION

TR1

## This form can be used by:

- 1. An individual complete parts A(1), A(3), A(4) and B, C, D and/or E as appropriate.
- 2. A partnership, trust or unincorporated body complete parts A(2), A(3), A(4) 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 (RCT).

**Note** if you are completing Part A2 and/or C of this form, on registration, you will be 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**.

## It should not be used by:

- PAYE employees taking up employment for the first time use Form 12A,
- 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 (\* denotes a required field) IN BLOCK LETTERS, sign the declaration below and return it to your Revenue District Office, 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.

Part A Gen			Genei	ral	Det	tails																		
<b>A</b> 1	Individuals	- Give th	e follow	ving info	rmation	of t	he p	erson	who	o is to	be	regis	stere	ed ar	nd th	nen	com	nple	te S	ectio	on <b>A</b>	3/A	4	
1.	Forename*								2.	Surna	ame	<b>)</b> *												
3.	Gender*	ľ	<b>Male</b>		Femal	е [		•	4. Na	ationa	ality	<b>/</b> *												
5.	Date of Birth*	D D	MM	YY	YY		•	6. Pri	vate	Addr	ess	S*												
7.	PPSN*																							
	(for information	on how to	o obtain	a PPSN	refer to	) WW	w.we	lfare.i	e)				L											
8.	Phone No											9.	. Ga Bu	rda reau	Nat ı Nu	iona ımb	ıl Im er (	ımi GNI	grat B)	ion				
	E-Mail											10	. Sta	mp	Nui	mbe	r							
11.	Civil Status*	Sing	gle				Divo	rced						Wi	dow	ed								
	Tick ☑ the relevant box	Mar	ried				A fo	rmer (	Civil I	Partne	er			AS	Survi	iving	Civ	il Pa	artne	er				
		In a	Civil Pa	ırtnership	) [		Marı	Married but living apart In a Civil Partnership but living					ing a	apar	t									
12.	If married or in	n civil pa	rtnersh	hip state	the fo	llov	ving	detai	ils ir	resp	ect	t of y	our	spc	use	or	civi	il pa	rtne	er:				
	Name													PPS	SN									
	or if PPSN not k Pre-marria		-Civil Pa	ırtnarshin	eurnam	10													D:	ate o	f Bir	th		
	The mama		OIVIITA		Jaman												D	D	M	M	Y	Y	Υ	Υ
12	If you want to	have ve	ur tay a	offaire d	oalt wi	th is	a Iric	h tic		tha h				]		ı								
13.	If you want to	nave yo	ui lax a	allalis u	eail Wi	LI I II	1 1115	ii, uc	K V	uie n	UX			J										
A2	Partnership and then comp			nincorp	orate	ed E	3od	<b>y</b> - Gi	ve th	ne foll	owi	ng in	form	natio	n of	the	boo	dy w	/ho i	s to	be r	egis	stere	ed
14.	Name of the B	ody to b	e regis	tered*																				
15.	Responsible P	Person* §	}																					
	(a) Name																							
	(b) Address																							
	§ Responsible pe																							
	group, or preced	ent partite		case or a	partitiei	SHIP																		
16.	If previously re	egistere	d state	tax no.	used																			

## General Details

7.	Partnership, Trust or Other Body (a minimum of 2 partners are required)
	Give the following information in respect of all partners, trustees or other officers. Under 'Capacity', state whether
	acting precedent partner, partner, trustee, treasurer, etc. If necessary continue on a separate sheet.

Name	Private A	ddress	Capacity			PPSN (Partners only)						
							T				Τ	
3 Business Details												
3. State Registration number			uidation /	•								
Receivership of company	/ individual on whos	se benair you act										
4 Business Details	a nama atata Tradin											
). If trading under a busines: ). Legal Format (tick ☑ appro		y as										
Sole Trade	Partnership	Other		Specify	,							
		J		Opecing	′							
I. Business Address (if diffe	rent to private addre	7										
		Phone r										
		Website a										
		Mobile phone r	E-Mail									
Time of husiness*		_	⊏-iviaii									
2. Type of business* (a) Is the business	mainly retail	n	nainly who	lesale		ma	ainly	mar	nufa	actu	ring	
buildir	ng & construction	forestry/	meat proce	essing	j		sei	vice	e an	ıd o	ther	
(b) Describe the business co 'clothing manufacturer', 'shopkeeper', 'manufactu	'property letting', 'dair	y farmer', 'investm									as	
the application is a property re	elated activity you may	y also need to com	plete Pane	el 39.								
3. If the business will supply	plastic bags to the	customer tick ☑ k	oox *									
4. When did the business or	activity commence?	*		D D N	1 M Y	Y	Υ	Υ				
5. To what date will annual a	ccounts be made up	?*		D D N	1 M Y	Y	Υ	Υ				
6. State the expected turnove	er in the next twelve	months *			1 1				ĺ			
7. Adviser Details - Give the f returns of the business.	following details of you	ur accountant or ta	x adviser,	if any, who	will pre	pare	the	acc	oun	its a	ind 1	
Name		Phone r	number									
Address		1	E-Mail									
		i										
		Mobile phone r	number									

VAT (i.e. VAT3's) RCT Employer PAYE/PRSI

Part A continued	General Details
5	iness premises, state - Name and private address n estate agent or rent collector)
The amount of rent p	aid per week month year (tick ☑ frequency) €
The date on which yo	ou started paying the rent
The length of the agr	eed rental/lease period.
	business from a previous owner, state address of the person ired it
The VAT/registered r	umber of that person
Part B	Registration for Income Tax (non-PAYE)
31. If you are registering	g for Income Tax tick ☑ the box   and indicate your main source of income below:
Other	oreign Income (incl. Salary & Pension) Rental Income Investment Income  Specify
•	ouilding society account to which Income Tax refunds can be made:
Bank/Building Societ	y
Branch Address	
IBAN (Max. 34 charac	ters)
BIC (Max. 11 characte	
Part C	Registration for VAT
	g for VAT tick ☑ box and complete this part
35. Registration	om which you require to register for VAT *
• •	ng sought only in respect of <b>European Union (EU) acquisitions?</b>
(This applies only	v to farmers and non-taxable entities) (tick ☑) Yes No
(c) Are you registering (i) your <b>turnove</b> for registration	r exceeds or is likely to exceed the limits prescribed by law (i)
(ii) you wish to <b>e</b> to be register	ect to be a taxable person, (although not obliged by law (ii) (i), (ii) or (iii) as appropriate)
	eipt of business to business services where the reverse charge to  Attach a copy of the invoice if this is the case.
36. Are you applying for goods and services	r the moneys received basis of accounting for ? (tick ☑) Yes No
If your answer is 'Yes (a) expected annual	turnover will be less than €2,000,000, (a) (Tick either
` '	our expected annual turnover will come from supplying goods and (b) (a) or (b) as appropriate)
37. State the expected	annual turnover from supplies of taxable goods or services within the State *
38. State your bank or	building society account to which refunds can be made:
Bank/Building Societ	у
Branch Address	
IBAN (Max. 34 charac	ters)
BIC (Max. 11 characte	rs)
•	- Property details for VAT purposes
(a) Address of the pr	ррепу
(b) Date purchased of	or when development commenced DDMMYYYYY

Pa	art C continued	Registiati	on for VAT					
39.	. (c) Planning permission referen	nce number, if applic	able					
	(d) A signed statement from you will be disposed of or used i the Landlord's 'option to tax'	n a manner which w						
	In the case of a partnership, the	e statement should b	oe signed by the preceden	it acting partner.				
Pa	art D	Registrati	ion as an Employe	r for PAYE/F	PRSI			
40.	. If you are registering as an er	mployer for PAYE/F	PRSI tick ☑ box and com	plete this part				
41.	Persons Engaged							
	(a) How many <b>employees</b> are:		ly working 30 hours or mo lly working less than 30 ho	•				
	(b) State the date your first emp			•	D D M	MY	Y	y y
42	. What payroll and PAYE/PRSI	•	•		D D IVI	101	'	
<b></b> -	(a) Computer System	_	a computerised payroll page	•	d register for	the Re	venue	ے
	(a) computer dystem	On-Line service	(ROS) at www.revenue.ie to file your P35 End of Yea	to receive electr	onic copies			<b>-</b>
	(b) Other Manual System	Wages books are	e available from Office Sup	ppliers/Stationer	y Bookstores	5		
13	. Correspondence on PAYE/PR	981						
70.	If correspondence relating to PA details if different from Panel 27	AYE/PRSI is being d	lealt with by an agent, tick	☑ this box	and gi	ve the fo	ollowi	ng
	Name		Phone number					
	Address		E-Mail					
			Mobile phone number					
	Tax Adviser Identification Number (TAIN)		Client's Reference					
Pa	art E	Registrati	ion for Relevant Co	ontracts Tax	(RCT)			
No Pri Re inc	te that Principal Contractors a ncipal Contractors are obliged verse Charge rules. Please ref cluding guides on Principal Co	re obliged to use F I to register and ac Fer to Part C of this Intractor obligation	Revenue's Online Servic count for VAT in relation form, Registration for V is, is available on the Re	e to fulfill their n to Constructio (AT). Detailed in	RCT obligation Services	under ton RCT		
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