



APPLICATION FOR TAX TYPE REGISTRATION

*All fields marked with * are Mandatory*
Please fill up the form using BLOCK LETTERS

Taxpayer Identification Number (TIN) :

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Tax Type *

:

Income Tax		PAYE	
VAT		VAT on FS	
WHT		SSCL	
SD		CGT	

INCOME TAX



Corporate



Individual



Partnership

Premises No. :

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 Unit No. :

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Address :

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 Postal Code :

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Total Profit / Income for a year : **Rs.**

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Effective Date on Which Registration is requested :

D	D	/	M	M	/	Y	Y	Y	Y
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PAY-AS-YOU-EARN (PAYE)

Premises No. :

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 Unit No. :

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Address :

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 Postal Code :

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Number of Employees whose emoluments exceed PAYE threshold:

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Effective Date on Which Registration is requested :

D	D	/	M	M	/	Y	Y	Y	Y
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SOCIAL SECURITY CONTRIBUTION LEVY (SSCL)

Premises No. :

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 Unit No. :

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Address :

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 Postal Code :

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Total Turnover for Previous Quarter : **Rs**

Total Turnover for Previous Year : **Rs**

Effective Date on Which Registration is requested : D D / M M / Y Y Y Y

SSCL Liable Business Activity with Activity Code :

WITHHOLDING TAX (WHT)

Premises No. : Unit No. :

Address :

Postal Code :

Withholding Tax Category :

- | | | |
|------------------------------------------|-----------------------------------------------|------------------------------------|
| <input type="checkbox"/> Interest | <input type="checkbox"/> Rewards | <input type="checkbox"/> Annuities |
| <input type="checkbox"/> Management Fees | <input type="checkbox"/> Shares of Fines | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Royalty Fees | <input type="checkbox"/> Lottery of Prizes | <input type="checkbox"/> Others |
| <input type="checkbox"/> Debt Securities | <input type="checkbox"/> Betting and Gambling | |

Effective Date on Which Registration is requested : D D / M M / Y Y Y Y

VALUE ADDED TAX (VAT)

Premises No. : Unit No. :

Address :

 Postal Code :

VAT Liable Business Activity with Activity code :

Effective Date on Which Registration is requested : D D / M M / Y Y Y Y

Date of First Transaction on Taxable Supplies up to now / Estimated Date to make Taxable Supplies : D D / M M / Y Y Y Y

Total Taxable Supply up to now : **Rs.**

Estimated value of taxable supplies in the next twelve months : **Rs.**

Address of Business Operation :

Premises No. : Unit No. :

Address :

Postal Code :

VAT Registration Type : With Supply Basis Strategic Development Project
 Without Supply Basis 22(7) Deemed Supply Registration 10(C)
 Special Project

Register for Cash Basis : Yes No

If you are registering for Sec 22(7) or Special Project or Strategic Development Project, please fill in APPLICATION FORM FOR SEC 22(7) / SP / SDP as well

VALUE ADDED TAX on FINANCIAL SERVICES (VAT on FS)

Premises No. Unit No.

Address:

 Postal Code :

Principal activity of business

Total value of supplying of financial services for 3 months: **Rs.**

Total value of supplying of financial services for 12 months: **Rs.**

Effective date on which registration is requested:

D	D	/	M	M	/	Y	Y	Y	Y
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Financial year: Jan - Dec Apr - Mar

STAMP DUTY (SD)

Address of the Tax Type

Premises No. : Unit No. :

Address :

Postal Code :

Compounding Category (Select the most suitable category application to you)

 Insurance Company Employer Service provider for credit Cards Licensing Authority Others

Instrument Category (Select each instrument related to you)

 Policy of Insurance Notary License Credit Card Transactions Receipts and Discharges Liquor License Salary Receipts Bonds and Mortgages Lease, Rent or Hire Other License Promissory NotesGovernment Organization? Yes No

If Yes, please select the Government Organization category.

 Central govt. Ministry Govt. Department District or Divisional Secretariat Other govt. Institution Bonds Provincial and Mortgages Provincial Department Local AuthorityBank/Financial Institution? Yes No Bank Financial Institution Others

Effective Date on Which Registration is requested

:

D	D	/	M	M	/	Y	Y	Y	Y
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CAPITAL GAIN TAX (CGT)

Premises No. :

Unit No. :

Address :

Postal Code :

Capital gain per transaction

: **Rs.**

Cumulative Capital Gain of transactions in the Y/A

: **Rs.**

First transaction date

:

D	D	/	M	M	/	Y	Y	Y	Y
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If application is submitted by an authorized person, please specify the name of the authorized person

Name :

National Identity Card / Passport No. :

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Designation :

AUTHORIZATION *

I do hereby certify that the particulars furnished by me in this application are true and correct.

Name :

Designation :

National Identity Card / Passport No. :

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Signature :

Date :

D	D	/	M	M	/	Y	Y	Y	Y
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Note: This form to be submitted along with supporting documents (If any) to the Help Desk at the nearest IRD branch.