Government of Saint Lucia Inland Revenue Department

INDIVIDUAL ENTERPRISE **REGISTRATION FORM**

| Owner's Name | | the second s | | | |
|------------------------|---|--|-----------------------|--------------------|-------|
| Social Security Number | | Last | Date | of Birth | First |
| Phone Number | Work |] [Home | _ | | |
| ENTERPRISE INFORMA | TION | | | | |
| Trade Name | | | | | |
| Phone Number | | | | | |
| Start Date | Day Month Year | | Close D | ate Day Month | Year |
| Fiscal Year Start | and the second se | | Fiscal Year Clo | Day Month | |
| Trade Type | (Please tick the appropriate box) Whe | olesale Retail | Manufacturing Service |] ce | Other |
| Business Activity | (Please tick the appropriate box) Ban | king Hotel | Restaurant Insur | ance Transport | Other |
| Contact Name | Official to be contacted of | concerning the Enterp | rises' tax matters | | |
| Contact Title | (Please tick the | nager President | | President Director | Other |

| ENTERPRISE ESTABLISHMENTS (At | least one Head Office must b | e entered) | |
|-------------------------------|---------------------------------------|-------------|-------------|
| Name | | Head Office | Yes No |
| Street | City/Village | | Postal Code |
| Name | | Head Office | Yes No |
| Street | City/Village | | Postal Code |
| Name | · · · · · · · · · · · · · · · · · · · | Head Office | Yes No |
| Street | City/Village | | Postal Code |
| Name | | Head Office | Yes No 🗌 |
| Street | City/Village | | Postal Code |

REGISTERED NAME:

| ENTERPRISE EMPLOYMENT | | | | | | | |
|----------------------------------|--------------------------------|------------------|---------------------------------------|------------|--|--|--|
| Last Name | First Name | Start Date | End Date | Employee | | | |
| | | Day Month Year | Day Month Year | No. | | | |
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| Photocopy this page if there are | e more employees to add to the | list Please prov | vide an Individua | 1 | | | |
| Registration form for every emp | | not ricase pro | | | | | |
| o and a set of the set of the | | | | | | | |

| R | E | GI | S | ΓE | R | E | D | N | A | M | E: | |
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| NOTES |
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REGISTERED NAME:

| I hereby certify that the information given on this registration in every way. | form is true, correct and complete |
|--|------------------------------------|
| Name (Print) | TITLE |
| SIGNATURE | DATE |
| | |
| OFFICIAL USE ONLY | |
| Taxpayer # Enterprise # | |
| Opening Tax \$ Penalty \$ | Interest \$ |

Sec.

