



TAX REGISTRATION

TR2

This form can be used to register a limited company for Corporation Tax, for PAYE/PRSI (as an employer), and/or for VAT.

Persons, other than companies requiring to register, should complete Form **TR1** or Small Traders Registration Form (**STR**), as appropriate.

PAYE employees taking up their first employment should complete Form 12A.

Please complete all parts of this form as required IN BLOCK CAPITALS, sign the declaration and return it to

**Taxes Central Registration Office (TCRO)
Arus Brugha
9/15 Upper O'Connell Street
Dublin 1
Tel. (01) 865 5000**

Part A.

General Details

1. Please give the full name of the company as it is registered under the Companies' Acts

2. If trading under a business name, please state

3. Business Address

Phone Area Code Number Fax Area Code Number Mobile No.

4. Registered Office Address

Phone Area Code Number Fax Area Code Number

5. Date company was registered (Irish registered companies)

6. Companies registration office (CRO) number (Irish registered companies)

7. When did the business or activity commence?

8. To what date will annual accounts be made up?

9. Foreign registered company

(i) Address in this State of fixed place of business

Phone Area Code Number Fax Area Code Number

(ii) Is trading stock held at this address? Yes No

(iii) Address in this State where the company's books and records will be produced for inspection by Revenue Officials

Phone Area Code Number Fax Area Code Number

10. If you want your tax affairs to be dealt with in Irish, please tick

Declaration

This must be made in every case before the company can be registered for any tax.

I declare that the particulars supplied by me in this application are true in every respect

NAME (IN BLOCK LETTERS)

SIGNATURE **DATE**

(To be signed by the company secretary or other officer authorised)

11. If the company was registered for any tax in this country previously what reference numbers did it hold?

Corporation Tax									
Employer (PAYE/PRSI)									
Value Added Tax									

12. What is the company's main business or activity?
Please give a precise description such as 'newsagent', 'hairdresser', 'textile manufacturer', 'property letting', 'investment income' etc., and not general terms such as 'shopkeeper', 'manufacturer', 'computers', 'consultant' etc.

13. Directors Give the following information in relation to each director. If necessary, please continue on a separate sheet.

Name	Private Address	Shareholding	PPS No.
(i)		%	
(ii)		%	
(iii)		%	

14. Company Secretary If this is one of the directors above the name will suffice.

Name	Private Address	PPS No.

15. Shareholders Give the details of any shareholder (other than a director whose details are shown above) who has 50% or more beneficial interest in the issued capital.

Name	Private Address	Shareholding	PPS No.
		%	

16. Adviser Details

Please give the following details of the company's accountant or tax adviser, if any, who will prepare the accounts and tax returns of the company.

Name

Address

Phone: Area Code		Number	
Fax: Area Code		Number	

Mobile Phone Number

Tax Adviser Identification Number (TAIN)

Client's Reference

17. If the business premises is rented, please state

- (i) The name and address of the landlord (not an estate agent or rent collector)
- (ii) The amount of rent paid per week, month or year (Please state which) €
- (iii) The date on which the company started paying the rent DD / MM / YY
- (iv) The length of the agreed rental/lease period

18. If the business was acquired from a previous owner please state

- (i) The name and current address of the person from whom it was acquired
- (ii) The VAT/ registered number of that person

19. Are you registering for Corporation Tax (Please tick)

Yes

No

20. Are you registering as an employer for PAYE/PRSI

Yes

No

If the answer is 'No', there is no need to answer questions 21, 22 or 23. Please continue to Part D.

21. State the date the first employee commenced or will commence in employment

DD / MM / YY

22. What payroll and PAYE/PRSI record system will be used (Please tick)

Tax deduction cards (Revenue Supplied)

Other manual system

Computer system

23. Correspondence on PAYE/PRSI

If correspondence relating to PAYE/PRSI is being dealt with by an agent, please tick (✓) this box and give the following details, if different from 16. above.Name
Address

Phone: Area Code

Number

Fax: Area Code

Number

Mobile Phone Number

Tax Adviser Identification Number (TAIN)

24. Are you registering for VAT? (Please tick)

Yes

No

If your answer is 'No', there is no need to answer questions 25 to 30.

25. Registration

(i) State the **date** from which you require to register the company

DD / MM / YY

(ii) Is registration being sought only in respect of **European Union (EU) acquisitions**? (This applies only to farmers and non-taxable entities) (Please tick)

Yes

No

(iii) Are you registering the company

(a) because **turnover exceeds** or is likely to exceed the **limits** prescribed by law for registration?

(a)

or (b) because you wish to **elect it to be a taxable person** (although not obliged by law to be registered)?

(b)

or (c) because it is in receipt of **Fourth Schedule services**

(c)

Please tick either (a) or (b) or (c) as appropriate

(iv) Please state the expected turnover for the next 12 months

€

26. Exemption Waiver (in respect of the letting of property only)

Do you wish to waive exemption from VAT in respect of property letting? (Such services are normally exempt from VAT) (Please tick)

Yes

No

27. Are you applying for the moneys received basis of accounting for goods and services? (Please tick)

Yes

No

If your answer is 'Yes', is this because

(a) expected annual turnover will be less than €635,000

(a)

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

(b)

Please tick either (a) or (b) as appropriate

28. If your business is a foreign business registering in this State

Please state the expected annual turnover from supplies of taxable goods or services within the State.

€

29. Please state the bank or building society account to which VAT refunds can be made (Compulsory)

Bank/Building Society

Branch Address

Sorting Code

Account Number

30. Correspondence on VAT

If correspondence relating to VAT is being dealt with by an agent please tick (✓) this box and give the following details if different from 16. above.

Name
Address

Phone: Area Code

Number

Fax: Area Code

Number

Mobile Phone Number

Tax Adviser Identification Number (TAIN)

Additional Information

The following leaflets will provide additional information on the taxation aspects of running a business. They are available from your local tax office or from Revenue's Forms and Leaflets Service at (01) 865 5002.

- IT48 Starting in Business - A Revenue Guide
- IT49 VAT for Small Businesses
- IT50 PAYE/PRSI for Small Employers
- IT32 Revenue Audit - Guide for Small Business

If you have further queries or concerns please contact your tax office or the **Central Telephone Information Office at (01) 873 6100.**

If you want information on paying your tax by **Direct Debit** please contact the **Collector General at Locall number 1890 20 30 70.**

Save time - File On-Line

With the Revenue On-Line Service (ROS) you can access your tax details and file returns on-line, whenever and wherever you want.

It's easy, instant and secure.

For further details on ROS, visit our website at www.revenue.ie or call the ROS Information Desk at 1890 201106