



GHANA REVENUE AUTHORITY
TAXPAYER REGISTRATION FORM - INDIVIDUAL

COMPLETE FORM IN BLOCK LETTERS WITH BLACK / BLUE INK ONLY ABCD

SEE PAGES 3 AND 4 FOR INSTRUCTIONS

(THIS FORM IS NOT FOR SALE)

PLEASE SPELL OUT ALL WORDS - NO ABBREVIATIONS

SECTION 1: PRIOR REGISTRATION

WERE YOU REGISTERED AS A TAXPAYER BEFORE OCT 2011? YES NO

SECTION 2: INDIVIDUAL CATEGORY

CATEGORY TYPE (Tick as applicable) Self employed Employee Foreign mission employee Other

If OTHER specify:

SECTION 3: PERSONAL DETAILS

TITLE (tick one only) MR. MRS. MS

FIRST NAME

MIDDLE NAME(S)

LAST NAME

PREVIOUS LAST NAME

GENDER (tick one) MALE FEMALE MAIN OCCUPATION

MARITAL STATUS (tick one) SINGLE MARRIED DIVORCED SEPARATED WIDOWED

DATE OF BIRTH DD/MM/YYYY

BIRTH TOWN

BIRTH COUNTRY

BIRTH REGION

BIRTH DISTRICT

NATIONALITY

RESIDENT (tick one) YES NO SOCIAL SECURITY NUMBER

OTHER INFORMATION (tick applicable ones) IMPORTER EXPORTER TAX CONSULTANT

MOTHER'S INFORMATION

MAIDEN LAST NAME

FIRST NAME

SECTION 4: PREVIOUS TAX REGISTRATION INFORMATION (Complete this section if you were a registered taxpayer before October 2011)

IRS TAX OFFICE

OLD TIN NUMBER

IRS TAX FILE #

SECTION 5: IDENTIFICATION INFORMATION

ID TYPE (tick one) National ID Voter's ID Driver's License (ID # is certificate of competence) Passport

ID NUMBER ISSUE DATE DD/MM/YYYY

EXPIRY DATE DD/MM/YYYY COUNTRY OF ISSUE

PLACE OF ISSUE

SECTION 6: RESIDENTIAL ADDRESS

HOUSE NUMBER BUILDING NAME

STREET NAME/PROMINENT LANDMARK

TOWN / CITY

LOCATION / AREA

POSTAL CODE

COUNTRY

REGION

DISTRICT

SECTION 7: POSTAL ADDRESS

C/O [grid]

[grid] **Prefix** [grid] **Number** [grid]

POSTAL TYPE (tick as applicable) P. O. BOX PMB DTD **POSTAL NUMBER** [grid]

BOX REGION [grid]

BOX TOWN [grid]

BOX LOCATION/AREA [grid]

SECTION 8: CONTACT METHOD *Indicate purpose of contact within the thick outlined box provided (P - Personal; B - Business; H - Home)*

PHONE/LANDLINE NUMBER [grid] MOBILE NUMBER [grid]

FAX NUMBER [grid]

E-MAIL [grid]

WEBSITE [grid]

PREFERRED CONTACT METHOD (tick one) MOBILE EMAIL LETTER FAX

SECTION 9: BUSINESS (COMPLETE THIS SECTION IF YOU ARE SELF EMPLOYED)

NATURE OF BUSINESS [grid]

TURNOVER IN GHC [grid] NO. OF EMPLOYEES [grid]

DO YOU HAVE A REGISTERED BUSINESS NAME(S) WITH RGD? YES NO *(IF YES, PROVIDE DETAILS BELOW)*

BUSINESS NAME	OLD TIN	RGD NUMBER
[grid]	[grid]	[grid]

BUSINESS ADDRESS

HOUSE NUMBER [grid] BUILDING NAME [grid]

STREET NAME/PROMINENT LANDMARK [grid]

TOWN / CITY [grid]

LOCATION / AREA [grid]

POSTAL CODE [grid]

COUNTRY [grid]

REGION [grid]

DISTRICT [grid]

DO YOU HAVE ANY BRANCHES YOU OPERATE FROM? YES NO *IF YES, ATTACH A LIST OF ALL BRANCHES WITH LOCATION ADDRESSES*

SECTION 10: DECLARATION

I, _____ declare that the information given above is correct and complete

full name of applicant

SIGNATURE DATE ____/____/____ (DD/MM/YYYY)

RIGHT THUMB PRINT

NOTE: THUMB PRINTING SHOULD ONLY BE DONE IN THE PRESENCE OF A REGISTRATION OFFICER

SECTION 11: OFFICE USE ONLY

ORIGINATING TAX OFFICE _____ ASSIGNED TAX OFFICE _____

NETTING OFFICER _____ ISIC CODE [grid]

DATE OF SUBMISSION ____/____/____ (DD/MM/YYYY) IRS TAX FILE # [grid]

DATA ENTRY OFFICER _____ DATE OF DATA ENTRY ____/____/____ (DD/MM/YYYY)

REMARKS ISSUED TIN [grid]

TAXPAYER REGISTRATION FORM – INDIVIDUAL

COMPLETION NOTES	
SECTION	NOTES
GENERAL	Complete Form in BLOCK characters in Black or Blue ink only. Spell out all words - Do not use Abbreviations. All dates are formatted as dd/mm/yyyy. For example 04/06/2011 is 4th June, 2011. If FIELD information is Not Applicable please enter N/A .
SECTION 1 PRIOR REGISTRATION	Tick YES, if you are a registered taxpayer and / or have a TIN , otherwise tick NO.
SECTION 2 CATEGORY	Tick appropriate check box(es). Self Employed , if self employed Employee , if you are employee of a business concern Foreign Mission Employee , for employees of international organizations who have been identified and approved by the Ministry of Foreign affairs as such under international conventions. Ghanaian and foreign nationals not identified as such by the Ministry of Foreign Affairs who work for international organizations should select employee Other , specify, e.g. Student.
SECTION 3 PERSONAL DETAILS	Title - Tick one only; Middle Name(s) - all other legal names (no aliases) other than first and last name. Last name - Same as SURNAME; Previous Last name - same as Previous Surname (due to legal change of name or by marriage) Gender : Tick appropriate box Main Occupation : Indicate your main occupation e.g. Civil Servant Marital status : Tick appropriate box. Birth Country : if birth country is <u>not</u> Ghana, enter N/A for birth region and district Resident : This specifies your residency status For Tax Administration in Ghana, Resident individual means; (1) an individual is a resident individual if that individual is a. a citizen of Ghana, other than a citizen who has a permanent home outside Ghana for the whole of the calendar year. b. present in Ghana for a period, or periods amounting in aggregate to, 183 days or more in any twelve-month period that commences or ends during the calendar year c. an employee or official of the Government of Ghana posted abroad during the calendar year or d. a citizen who is temporarily absent from Ghana for a period not exceeding 365 continuous days where that citizen has a permanent home in Ghana. Other Information : Select or Tick those that apply. Are you an Importer, Exporter, or Tax Consultant Mother's maiden last name : This is your mother's maiden surname.
SECTION 4 PREVIOUS TAX REGISTRATION	If you are already a registered taxpayer, specify IRS Tax Office , office where you transacted tax business Old Taxpayer Identification Number , the 10 character 'old' TIN assigned IRS tax file number , the file number allocated

SECTION 5 IDENTIFICATION	<p>ID types: Tick ID type for registration and complete section with the details of that ID type.</p> <p>All ID types, except for passport, are Ghana IDs. A photocopy of the ID as well as the original should accompany the application for verification. In the case of Passports, attach picture page and passport details page to the application. Original ID may need to be validated. Employees of foreign mission as specified above are to submit information details (copy of passport info) to the Ministry of Foreign affairs. Note: The Driver Licence ID number is the Certificate of Competency, not PIN. This is located at the bottom right hand corner of the Driver licence.</p>
SECTION 6 RESIDENTIAL ADDRESS	<p>House number - this is the number of the house on the street. For example for 250 Ako Adjei Street the house number is 250 and Ako Adjei street is the street name.</p> <p>Building Name: Conspicuously and recognizable labelled building, for example VAT HOUSE</p> <p>Street name - Name of street including description of landmark(s) that could aid in locating the building e.g. Ring Road, 50m from Kwame Nkrumah Circle.</p> <p>Postal Code : applicable to only applicants with foreign postal addresses</p> <p>Location / area - Name of location - suburb and description of area within a city or town. For example DANSOMAN (AKOKOFOTO) or NORTH KANESHIE (LAST STOP).</p>
SECTION 7 POSTAL ADDRESS	<p>Provide Postal address.</p> <p>Postal type: Select the Postal type applicable.</p> <ol style="list-style-type: none"> I. P. O. Box: Normal Post box II. P.M.B: Private Mail Bag III. DTD: "Door To Door" delivery IV. POSTAL NUMBER: Enter Prefix and number – e.g. P.O. Box GP2002: tick P. O. Box, prefix is GP and the number is 2002; for PMB TUC : tick PMB only. The location/Area identifies PMB location TUC. <p>Box Location / area - Name of post office area - e.g. Cantonments, TUC or Accra-North.</p>
SECTION 8 CONTACT METHOD	<p>Provide details of method of contact - Phone Number, Mobile Number etc and</p> <p>Indicate the purpose of that method by preceding each method of contact information with:</p> <p style="padding-left: 40px;">B – for Business (contact at business location);</p> <p style="padding-left: 40px;">H - Home (contact at home);</p> <p style="padding-left: 40px;">P - Personal (direct personal contact)</p> <p style="padding-left: 40px;">in bolded boxes, and supply contact information to the right of the bolded box.</p> <p>Select the preferred method of contact by ticking one of the following checkboxes: Letter, Email, Mobile, Fax</p>
SECTION 9 BUSINESS	<p>Complete if you are <u>Self employed or have registered business(es).</u></p> <p>Nature of business: Provide a brief description of business activities or nature of business</p> <p>Turnover: Annual turnover for the past calendar year or twelve months; or projected annual turnover.</p> <p>No of Employees: Number of employees or projected number of employees</p> <p>Business Names: If you have registered business name(s), provide name(s), old taxpayer identification number (TIN) and the Registrar General's Department's business number</p> <p>Business Address: Explanatory notes as in section 6</p>
SECTION 10 DECLARATION	<p>Applicant must provide full name (as given in Section B) and sign. Applicant is held liable for any false declaration.</p> <p>Applicant may thumbprint in place of signature. The thump-printing must be in the presence of Ghana Revenue Authority (GRA) Registration Officer and in a GRA office</p>