

## TAX REGISTRATION

TR2 (FT)

#### FOR NON-RESIDENT COMPANIES REGISTERING FOR TAX IN IRELAND

This form can be used to register a non-resident limited company for Corporation Tax, VAT, PAYE / PRSI (as an employer), Relevant Contracts Tax (RCT) and / or Capital Gains Tax (CGT).

Non-resident persons, other than companies requiring to register in Ireland should complete Form TR1(FT). PAYE Employees taking up employment for the first time should register their job using the Jobs & Pensions service. To use this service the employee must first be registered for myaccount on www.revenue.ie.

Complete this form in BLOCK LETTERS, \* denotes a required field, where given options insert  $\boxtimes$  in the box(es) as appropriate. When completed sign the declaration at the end of the form and return it to the appropriate Registration Unit. Registration Units details are available at the end of this form.

Note: Please complete all relevant sections of this form. Without sufficient information your tax registration(s) may be delayed.

P	art A	Genera	al Deta	ils			
1.	State the full name of the cois registered under the Coi						
2.	If trading under a business name, state *						
3.	The country of incorporation	on *					
4.	Date of incorporation						D D M M Y Y Y
5.	Company's registered num	ıber *					
6.	VAT registered number in o	country of establis	hment *				
7.	The address of the comparestablishment *	ny in country of					
8.	State business address in (tax advisor / accountant add		ble)			Eiro	code
	Business website address						
	Business Phone (Incl. Local	Area Code)*					
	Business Mobile No.						
9.	<b>Legal format</b> E.C. (branch Disclosures) Re	egulations 1993	Branch o	f Foreign ⁄		Branch i	Number
			Other			Specify	
10.	For the purposes of detern state if you have any of the						e Taxation Agreement please
	a place of management	a branc	ch			an office of	or site office
	a factory or workshop		on to negoti cts on your				site or construction or installation ting more than six months
11.	To what date will annual ac	counts be made u	p?				D D M M Y Y Y
12.	Address (Incl. Eircode) in this books and records can be inspection by Revenue Off	produced for	ompany's				
13.	If the business address (Inc	cl. Eircode) in Ireland	is rented	please st	tate *		
	(a) Name and private addres (not an estate agent or re		dlord				
	(b) The amount of rent paid	per: week mo	onth y	ear	(⊠ the	frequency)	€
	(c) The date the company st	arted paying rent					D D M M Y Y Y
	(d) The length of the agreed	rental / lease period	b				

# General Details

14. If you acquired the business from a previous ov	wner, state *										
(i) The name and current address (Incl. Eircode)											
of the person from whom you acquired it											
(ii) The VAT / registered number of that person											
				_			·				
15. If the company was registered for any tax in Irela	and Corp	oration T	_ ax								
previously, what reference numbers did it hold? *	- Empl	oyer (PA	VE / DD	001)							
	·	• ,		(01)		<u> </u>					
	Value	e Added	lax			<u> </u>				Щ	
	Rele	vant Cor	tracts Ta	ax							
	Incor	ne Tax									
16. Type of Business / Activity *											
(a) Is the business mainly	retail	mainly	wholes	ale		m	ainly	ma	nufa	acturi	ng
meat and processing building & co	nstruction	distan	ce sales			se	rvice	es			
(b) Describe the Business / Activity conducted in as		_ s possible	e.			_					
,		•									
17. Please confirm if there is a software package in						•	Yes			N	o [
17. Please confirm if there is a software package in business, e.g. Accounting Package / EPOS system						\	Yes			N	0
	em.					`	Yes			N	0
business, e.g. Accounting Package / EPOS systematics business, e.g. Accounting Packag	em. kage(s)		ne hov*			`	Yes			N	0
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, (	art A continued	Ochici al I	Details			
22.	(a) Advisor Details, give the accounts and tax returns		company's acco	ountant or tax ad	lvisor, if any, who	will prepare the
	Name	or the company.				
	Address (Incl. Eircode)					
	Phone No.			Mobile No.		
	(Incl. Local Area Code)					
	Tax Advisor Identification N	umber (TAIN)		Client's Ref		
	Contact Person			eMail		
22.	(b) If correspondence rela	ting to the following is t or tax advisor , insert	-	VAT (i.e. VAT3's)	RCT	Employer PAYE / PRSI
	relevant box	OI tax auvisoi , iliseit	M III tile	(1.6. 771100)	СТ	IT
Pa	art B	Registrat	tion for Co	rporation 7	Tax	
23.	(a) Insert ⊠ in this box if y			•		
	(b) Insert ⊠ in this box if y	ou are registering for l	Income Tax			
	(c) State the date the com	pany commenced to tra	ade in the State	*	D D	M M Y Y Y Y
24.	(a) Does the company hav	ve a permanent establis	shment in the St	tate? *	Yes	No
	(Building site or construct	tion or installation project				
	<b>(b)</b> If Yes, state the address	(Incl. Eircode)				
Pa	art C	Registrat	tion for VA	T		
25.	Insert ⊠ in this box if you	are registering for VAT	•			
26.	(a) State the date from which	ch the company requires	to register for VA	AT *	D D	M M Y Y Y
	` ,	gister for VAT you may o	, ,			
(b) Are you registering the company because you wish to elect it to be a taxable person Yes (although not obliged by law to be registered)?  Note: The option to elect to register is not available to receivers.					No	
	(c) Provide a detailed descr	ription of vour Vatable ac	tivity in Ireland			
27.	Are you applying for the c services? *	ash receipts basis of a	ccounting for g	oods and	Yes	No
	If your answer is 'Yes', is th	is because				
	(a) your expected annua	al turnover will be less tha	an €2,000,000 (r	net of VAT)?	(a)	insert ⊠ in either
		to persons who are not re			(b)	(a) or (b) as appropriate
28.	schools or the gener  Provide copy of contract *					
	(a) Name and address (Incl.					
	(b) Registration Number of (	contractor.				
	(c) Location of supply of goo	ods or services				
	(d) Duration of contract		€			
	(e) Value of contract					
29.	Will your business engage	e in the supply of good	s and / or servi	ces?	Yes	No
	If your answer is 'Yes':	, , , , , , , , , , , , , , , , , , ,				
	(a) ⊠ the app	ropriate box and provide	a brief description	on Goo	ds Serv	vices Both
	(h) Ctata th	storage and distribution	addroop in Irole:	d for goods?		
	(b) State the	storage and distribution a		u ioi goods?		

# Registration for VAT

(c) State the	courier or delivery service	e provider(s) for sales.		
30. Intra Community Activity*	*			
Businesses in other EU m	nember states and wish		ade with VAT Registered	
(a) Do you intend to supply	goods to other EU memb	er states?	Yes	No 🗌
(b) Do you intend to supply	services to other EU mer	nber states?	Yes	No
(c) Do you intend to acquire	e goods from other EU me	ember states?	Yes	No No
(d) Do you intend to acquire	e services from other EU i	member states?	Yes	No
31. Intra Community Activity				
•	o <b>any</b> of the questions in 3	30 above please provide the foll		
Who are your customers?		Private Individu		Both
What due diligence measure in the EU?	es and checks are condu	cted in relation to current and pr	ospective suppliers or cus	tomers
in the Eo:				
What are the transport arrar	ngements for making sup	plies of goods outside the State	?	
What documentation will be	e sought to prove that goo	ds supplied outside the State, le	eave the State?	
How do you intend to make	supplies to your custome	ers? Direct Sales Via an In	termediary / Third Party	Both
		arty please detail the distributio	n chain. Include informatio	n
concerning storage facilities	s / fulfillment partners / de	livery as appropriate.		
32. VIES (VAT Information Exc If you have answered Yes to EU Member States you are	question 30 (a) or 30 (b)	above, in relation to the supply	<b>y</b> of goods and / or service	s to other
(Statement of Intra-Commun	nity Supplies) Regulations	,	pplies as per Value-Added	Tax
(a) What is your estimated a				
Less than €635,000 E	Between €635,000 and €1	Im Between €1m and €1	0m Greater than €	:10m
(b) Will you exceed €50,000			Yes	No
33. State the bank or building	society account to whi	ch refunds should be made:		
Bank/Building Society				
Branch Address				
IBAN (Max. 34 characters)				
BIC (Max. 11 characters)				
34. If you acquired the busine		ner, state		
<ul><li>(i) The name and current a from whom you acquired</li></ul>				
(ii) The VAT / registered nu	mber of that person			

### Registration for VAT

### 35. Postponed Accounting for VAT

o you intend to import goods from outside the EU?		Yes		No	
Yes, do you wish to be considered for Postponed Accounting of VAT on such imp	orts?	Yes		No	
Yes, please provide the following details as applicable:					
Details of the type, volume and value of goods to be imported from outside the second se	he EU				
Details of the suppliers of such goods being imported and the terms of such clearly demonstrate who the importer / accountable person is	supply	. The terms of	f suppl	y sho	uld
Who are your customers?  Private Individuals  Places appoints details.	s	Businesses		Both	
Please provide details					
• Please provide details of the system for maintaining records that the account to the supply by or to that person, of goods, that ensures those records are available to that person. The address at which the information will be retained.	comple	te, accurate a	ınd rea		g

• Please attach evidence of the current business address, e.g. a copy of the lease, correspondence received at the address, etc.

Revenue may request additional documentation or proofs as outlined in legislation in addition to what has been specified above. If the requested documentation or proofs are not submitted within the timeframe, access to Postponed Accounting will not be granted.

VAT applicants who wish to be considered for Postponed Accounting must first hold a Customs & Excise registration.

Pail D	Registration as	an ⊑mpioyer i	UI PATE / F	RSI
36. Are you registering as an	employer for PAYE / PRSI?		Yes	No
. , ,	which you wish to register liged to report your employees' payre. Further information on www.rev		enue in real time. T	To do this, you will
· ·	any employees in the course of th		Yes	No
(a) Are any of the employ	rees resident in Ireland? <b>Jister</b> as an Employer in the State		Yes	No
(b) Are any of the employ	rees resident outside the State?		Yes	No 🔙
60 days in total in the	oyees working in the State for more year of assessment? or exemption from the obligation to o		Yes	No No
Correspondence on PAYE	o PAYE / PRSI is being dealt with by			give the following
Name	4. 1	Phone No.		
Address	(Inci.	Local area code) eMail		
(Incl. Eircode)*		Mobile No.		
Tax Advisor Identification Number (TAIN)		Client's Ref		
Part E	Registration for	Relevant Con	tracts Tax (	RCT)
39. Date of commencement for 40. If you are a subcontractor  (a) Principal Contractor and Irish tax registra	(b) Principal & Solease provide the number of subcorpor RCT *  To please provide the following det To number ation number (available from your Principal & Soleans and Soleans at the subcorpor RCT *	ntractors engaged.  ails in relation to you		entractor only  M M Y Y Y Y  and
(d) What is the duration	of the contract?			
Part F	Registration for (	Capital Gains Ta	IX (CGT)	
41. If you are registering for 0	Capital Gains Tax insert ⊠ in the b you require to register for Capita	ox	D D M M	M Y Y Y Y
Declaration	This must be made in ever	y case before you ca	an be registered	for one toy
I declare that the particulars	supplied by me in this applicatio	n are true in every re	spect	ior any tax
NAME*				ior any tax
	SIGNA	TURF*		ior arry tax
(III B	SIGNATELOCK LETTERS)	ΓURE*		ior any tax
CAPACITY*	SIGNATE*	TURE*	M M Y Y Y	Y

### Additional Information

If you require further information on taxation in Ireland, please visit www.revenue.ie. Save time by filing online using our **Revenue Online Service** (**ROS**). This is a self-service, internet facility which provides customers with a quick and secure facility to manage their tax affairs online 24/7, 365 days a year. Please note that certain categories of taxpayers in Ireland are required to pay and file their tax returns online. See more on **Mandatory e-filing** on our website.

Revenue's data protection policy and information are available on the Revenue website.

Please submit this form to the appropriate Registration Unit, see Details below.

Details	Address	Contact Details
Associates of existing LCD customers	Office of the Revenue Commissioners Large Corporates Division Anne Street Wexford Y35 E29K	eMail: largecasesdiv@revenue.ie_ Tel: 01 738 3637 or from outside Ireland + 353 1 738 3637
High Wealth & Financial Services Division for;  a) Financial institutions (other than Credit Unions) b) Stockbroking firms c) Investment Funds regulated by the Central Bank of Ireland d) Real Estate Investment Trusts e) IDA-supported companies (over 300 employees), f) Aircraft Leasing Entities, g) Insurance / Re-insurance Entities, h) ICAVs (Authorised Funds) i) Debt Securitisation Entities j) Remote Bookmakers	Office of the Revenue Commissioners, High Wealth & Financial Services Division, Anne Street, Wexford, Y35 E29K.	eMail: HWFSDiv@revenue.ie
All other customers and companies	Business Registrations Office of the Revenue Commissioners P.O. Box 1 Wexford	eMail: businesstaxesregistrations@revenue.ie Tel: 01 738 3630 or from outside Ireland + 353 1 738 3630

The Revenue Commissioners collect taxes and duties and implement customs controls. Revenue requires customers to provide certain personal data for these purposes and certain other statutory functions as assigned by the Oireachtas. Your personal data may be exchanged with other Government Departments and agencies in certain circumstances where this is provided for by law. Full details of Revenue's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available on our **Privacy** page on **www.revenue.ie**. Details of this policy are also available in hard copy upon request.

The information in this document is provided as a guide only and is not professional advice, including legal advice. It should not be assumed that the guidance is comprehensive or that it provides a definitive answer in every case.

