



## Government of Anguilla - Inland Revenue Department

Form F2

### Sole Proprietorship Form



(Use this form to register or update the particulars of a non-individual person)

#### Section A - Purpose *(Select one)*

- Register a sole proprietorship - Complete all sections.
- Modify the information of existing sole proprietorship - Complete sections B and F and sections relating to the change.
- Register for the Goods and Services Tax (GST) (Mandatory) – Complete all sections.
- Register for the Goods and Services Tax (GST) (Voluntary) – Complete all sections.
- TIN only

#### Section B - Owner Information

TIN (if registered)	Identification (Provide at least one)*
First Name *	Passport Number
Middle Name	Anguilla Social Security Number
Surname*	Driver's License Number
Birth Name* <input type="checkbox"/> Use Surname	Date of Birth (dd-mm-yyyy) *

#### Section C - Sole Proprietorship Information

Trade Name	Date Established (dd-mm-yyyy) *	Starting Date (dd-mm-yyyy)
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### Section D – Headquarters

<input type="checkbox"/> Location name is the same as Trade Name (1)	Location name *		
Business activity description *			
<b>Address</b>			
Country *	Street *	House number	Address addition
Region	Postal code	City	
<b>Contact information</b>			
Contact person name	Job title/function	Telephone number	Mobile number
Fax number	E-mail address		Starting date (dd-mm-yyyy)

### Section E – Locations - Note: Attach additional sheet if more than 2 locations

<b>1</b>	<input type="checkbox"/> Location name is the same as Trade Name (1)	Location name		
	Business activity description *			
	<b>Address</b>			
	Country *	Street *	House number	Address addition
	Region	Postal code	City	
	<b>Contact information</b>			
	Contact person name	Job title /function	Telephone number	Mobile number
Fax number	E-mail address		Starting date (dd-mm-yyyy)	
<b>2</b>	<input type="checkbox"/> Location name is the same as Trade Name (1)	Location name *		
	Business activity description *			
	<b>Address</b>			
	Country *	Street *	House number	Address addition

	Region	Postal code	City	
	Contact information			
	Contact person name	Job title /function	Telephone number	Mobile number
	Fax number	E-mail address		Starting date (dd-mm-yyyy)

### Section F – Business Activity Details

#### Business Activity Details

1. Date taxable business activity commenced or expected to commence for GST: \_\_\_\_\_
2. Do you meet the GST registration annual threshold of EC\$300,000 for supply of goods or services (*except Short-term Accommodation Provider (182 days or less), Public Entertainment Promoter, State and Statutory Body or Auctioneer*)? Yes [ ] No [ ]  
Value of taxable supplies (zero and standard rated): \_\_\_\_\_

Please tick as appropriate

3. Do you supply short-term accommodation services (for example in a hotel, guesthouse or similar facility)?  
Yes [ ] No [ ]
4. Are you a promoter of public entertainment? Yes [ ] No [ ]
5. Are you an auctioneer? Yes [ ] No [ ]
6. Are you an exporter of goods? Yes [ ] No [ ]
7. Do you make zero-rated supplies? Yes [ ] No [ ]
8. Do you make exempt supplies? Yes [ ] No [ ]
9. Please state percentage of sales to total supplies: Zero-rated supplies: \_\_\_\_\_ and Exempt Supplies: \_\_\_\_\_
10. Are your accounting records computerised? Yes [ ] No [ ]
11. If yes, please indicate the name of the computerised accounting system:
 

BP [ ]	QuickBooks [ ]
Customized (In-house Systems) [ ]	Revel [ ]
Helcim [ ]	Shopify [ ]
Inflow [ ]	Square POS [ ]
Lightspeed [ ]	TouchBistro [ ]
Paycafe [ ]	Vend [ ]
Other [ ] (please specify) _____	
12. Does your sole proprietorship have any employees? Yes [ ] No [ ] If yes, how many?
 

1 – 5 employees [ ]	21 – 50 employees [ ]
6 – 20 employees [ ]	> 50 employees [ ]

### Section G – Representative

**Note: Only ONE (1) representative (either basic or general) and ONE (1) legal can be assigned per taxable person.**

<b>Representative name:</b>		
Reason for Representation: <input type="checkbox"/> Request of business owner <input type="checkbox"/> Owner is a non-resident		
Type of Representation: <input type="checkbox"/> Basic <input type="checkbox"/> General		
Tax Representation: <input type="checkbox"/> USL <input type="checkbox"/> GST <input type="checkbox"/> Business Licence <input type="checkbox"/> Other (please specify): _____		
Contact number	Email address	Signature
<b>Legal representative name:</b>		
Reason for Representation: <input type="checkbox"/> Request of Business Owner <input type="checkbox"/> Owner is a non-resident		
Contact number	Email address	Signature

### Section H – Certification

I hereby certify that the particulars provided in this application form are true and correct in every detail and that I shall be liable for any act done or omitted.		
Name *	Signature *	Date*

### Official Use Only

<b>Received By</b>		
Name of Officer	Signature	Date
<b>Captured By</b>		
Name of Officer	Signature	Date
<b>Verified By</b>		
Name of Officer	Signature	Date