



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) |
|------------|---------------------------------|----------------------------|

Section D – Headquarters

| | | | |
|--|--------------------|------------------|----------------------------|
| <input type="checkbox"/> Location name is the same as Trade Name (1) | Location name * | | |
| Business activity description * | | | |
| Address | | | |
| 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 E – Locations - Note: Attach additional sheet if more than 2 locations

| | | | | |
|----------|--|---------------------|------------------|----------------------------|
| 1 | <input type="checkbox"/> Location name is the same as Trade Name (1) | Location name | | |
| | Business activity description * | | | |
| | Address | | | |
| | 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) |
| 2 | <input type="checkbox"/> Location name is the same as Trade Name (1) | Location name * | | |
| | Business activity description * | | | |
| | Address | | | |
| | 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.

| | | |
|--|---------------|-----------|
| Representative name: | | |
| 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 |
| Legal representative name: | | |
| 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

| | | |
|--------------------|-----------|------|
| Received By | | |
| Name of Officer | Signature | Date |
| Captured By | | |
| Name of Officer | Signature | Date |
| Verified By | | |
| Name of Officer | Signature | Date |