

Antigua and Barbuda Inland Revenue Department F16 Registration of an Individual Taxpayer

- Add a new individual taxpayer: Complete all fields
- Modify an existing individual taxpayer: complete the individual taxpayer identification and fill in the change information
- Register the death of a tax payer: complete the individual taxpayer identification and fill in the deceased information

Individual Taxpayer Information:

First name: _____ Last name: _____

Birth Date (day, month, year): ____ ____ ____ Deceased date (day, month, year) : ____ ____ ____

Gender: Male: ____ Female: ____ Occupation (profession): _____

Nationality: _____

Social Security no: _____ Driver's licence no: _____

Marital status: Single: Divorced: Widowed: Married: Maiden name: _____

Home phone no: _____ Work phone no: _____ Ext: _____

Work Fax no: _____ E-mail: _____

Official use only: Check if individual exists in the database; If yes, individual taxpayer no: _____

Home Address (of the owner):

No, Street name: _____

City: _____

District or province: _____

Country: _____

Postal Code: _____ Resident: ____

Mailing address (for the enterprise):

Same as Home Address:

No, Street name: _____

City: _____

District or province: _____

Country: _____

Postal Code: _____

Taxpayer Representative (if any): Name: _____
Type of representative: Parent: ___ Accountant: ___ Lawyer: ___ Executor: ___ Other: _____
Reason of representation: Non-resident: ___ Deceased: ___ Disabled: ___ Minor: ___ Other: _____

I certify that the information above is true, accurate and complete. Taxpayer:
Name (capital): _____ Signature: _____ Date: _____

Official Use Only: Assigned tax centre: _____
Received by: Name (capital): _____ Signature: _____ Date: _____
Captured by: Name (capital): _____ Signature: _____ Date: _____