



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 *			
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