



AIR TRAVEL TAX REGISTRATION

AT1

This form can be used to register a company for Air Travel Tax.

Complete all parts of this form as required in BLOCK LETTERS, sign the declaration below and return it to the Collector General, Office of the Revenue Commissioners, Mill Lane, Listowel, Co. Kerry, Republic of Ireland. Without accurate information the registration(s) will be delayed and/or you may experience delays in receipt of Returns and other forms.

1. State the full name of the company as it is registered under the Companies' Acts

2. If trading under a business name, state Trading as

3. Business Address
Area Code: Phone Area Code: Fax
Number: Number:
E-Mail:

4. Registered Office Address
Area Code: Phone Area Code: Fax
Number: Number:
E-Mail:

5. Legal Format (tick appropriate box)
 Co-operative Society Private Unlimited Company Branch of Foreign Company
 Public Limited Company Private Limited Company
 Other (specify)

6. Date company was registered (Irish registered companies *only*) / /

7. Companies Registration Office (CRO) number (Irish registered companies)

8. If you want your tax affairs to be dealt with in Irish, tick the box

9. When did the business become liable for Air Travel Tax. / /

10. Foreign registered company
(i) Address in this State of fixed place of business
Area Code: Phone Area Code: Fax
Number: Number:
E-Mail:

(ii) Address in this State where the company's books and records will be produced for inspection by Revenue

Area Code: Phone Area Code: Fax
Number: Number:
E-Mail:

11. If the company was registered for any tax in this country previously what reference numbers did it hold
Corporation Tax
Employer (PAYE/PRSI)
Value Added Tax

12. Give an estimate of the applicant's annual liability for Air Travel Tax. €

13. **Directors** Give the following information in relation to each director. If necessary, continue on a separate sheet.

Name	Private Address	Shareholding	PPS No.
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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14. **Company Secretary** If this is one of the directors above the name will suffice.

Name	Private Address	PPS No.
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

15. **Adviser Details** Give the following details of the company's accountant or tax adviser, if any, who will prepare the accounts and tax returns of the company.

Name	<input type="text"/>	Area Code:	<input type="text"/>	Area Code:	<input type="text"/>
		Number:	<input type="text"/>	Number:	<input type="text"/>
Address	<input type="text"/>	E-Mail:	<input type="text"/>		
		Mobile Phone Number	<input type="text"/>		
Client's Reference	<input type="text"/>	Tax Adviser Identification Number (TAIN)	<input type="text"/>	<input type="text"/>	<input type="text"/>

16. State the full name of the company's groundhandling supplier

17. If trading under a business name, state Trading as

18. State the VAT registered number of the groundhandling supplier

19. Business Address	<input type="text"/>	Area Code:	<input type="text"/>	Area Code:	<input type="text"/>
		Number:	<input type="text"/>	Number:	<input type="text"/>
		E-Mail:	<input type="text"/>		

20. Registered Office Address	<input type="text"/>	Area Code:	<input type="text"/>	Area Code:	<input type="text"/>
		Number:	<input type="text"/>	Number:	<input type="text"/>
		E-Mail:	<input type="text"/>		

Declaration This must be made in every case before the company can be registered for Air Travel Tax.

I declare that the particulars supplied by me in this application are true in every respect

Name (in BLOCK LETTERS)

Signature

Capacity of Signatory DATE / /

(To be signed by the company secretary or other authorised officer)

You will be contacted by Revenue with further information once the completed Air Travel Tax Registration form (AT1) has been processed.

If you have further information queries or concerns contact **Collector General,
Office of the Revenue Commissioners, Mill Lane, Listowel, Co.Kerry, Republic of Ireland, 00 353 (0) 68 56945.**

Revenue On-Line Service (ROS) Save time – File On-Line

Once registered, you can access your tax details and file returns on-line using Revenue On-Line Service (ROS). ROS is available 24 hours a day, 365 days a year. It is easy, instant and secure.

For further details on ROS, visit Revenue's website at www.revenue.ie or call the ROS Helpdesk at **LoCall 1890 20 11 06.**