

TAX REGISTRATION

TR2 (FT)

FOR NON-RESIDENT COMPANIES REGISTERING FOR TAX IN IRELAND

This form can be used to register a non-resident limited company for Corporation Tax, VAT, PAYE / PRSI (as an employer), Relevant Contracts Tax (RCT) and / or Capital Gains Tax (CGT).

Non-resident persons, other than companies requiring to register in Ireland should complete Form TR1(FT). PAYE Employees taking up employment for the first time should register their job using the Jobs & Pensions service. To use this service the employee must first be registered for myaccount on www.revenue.ie.

Complete this form in BLOCK LETTERS, * denotes a required field, where given options insert \boxtimes in the box(es) as appropriate. When completed sign the declaration at the end of the form and return it to the appropriate Registration Unit. Registration Units details are available at the end of this form.

Note: Please complete all relevant sections of this form. Without sufficient information your tax registration(s) may be delayed.

| P | art A | Gener | al Deta | ails | | | |
|-----|---|--------------------------------|-----------------------------|--------------|--------------|-------------|--|
| 1. | State the full name of the cis registered under the Co | | | | | | |
| 2. | If trading under a business | s name, state * | | | | | |
| 3. | The country of incorporati | ion * | | | | | |
| 4. | Date of incorporation | | | | | | D D M M Y Y Y |
| 5. | Company's registered nur | nber * | | | | | |
| 6. | VAT registered number in | country of establis | hment * | | | | |
| 7. | The address of the compa establishment * | ny in country of | | | | | |
| 8. | State business address in (tax advisor / accountant ad | | | | | | |
| | Business website address | | | | | | |
| | Business Phone (Incl. Local | Area Code)* | | | | | |
| | Business Mobile No. | | | | | | |
| 9. | Legal format E.C. (branch Disclosures) R | egulations 1993 | Branch o | f Foreign | | Branch N | lumber |
| | | | Other | | | Specify | |
| 10 | For the purposes of determined state if you have any of the | | | | | | Taxation Agreement please |
| | a place of management | a branc | ch | | | an office o | r site office |
| | a factory or workshop | | on to negoti cts on your | | | | site or construction or installation ting more than six months |
| 11. | To what date will annual ac | ccounts be made u | p? | | | | D D M M Y Y Y |
| 12 | Address (Incl. Eircode) in this books and records can be inspection by Revenue Of | produced for | ompany's | | | | |
| 13 | If the business address (In | cl. Eircode) in Ireland | is rented | please state | e * | | |
| | (a) Name and private addre (not an estate agent or r | , , | dlord | | | | |
| | (b) The amount of rent paid | per: week mo | onth y | rear (⊠ | I the freque | ency) | € |
| | (c) The date the company s | tarted paying rent | | | | | D D M M Y Y Y |
| | (d) The length of the agreed | d rental / lease period | b | | | | |

General Details

| 14. If you acquired the business from a previous ov | wner, state * | | | | | | | | | | |
|--|--|---|-----------|----------------------------------|------------------------|----------|--|-------------|--------------|---------------|----------|
| (i) The name and current address (Incl. Eircode) | | | | | | | | | | | |
| of the person from whom you acquired it | | | | | | | | | | | |
| | | | | | | | | | | | |
| (ii) The VAT / registered number of that person | | | | | | | | | | | |
| | | | | _ | | | · | | | | |
| 15. If the company was registered for any tax in Irela | and Corp | oration T | _ ax | | | | | | | | |
| previously, what reference numbers did it hold? * | - Empl | oyer (PA | VE / DD | 001) | | | | | | | |
| | · | • , | | (01) | | <u> </u> | | | | | |
| | Value | e Added | lax | | | <u> </u> | | | | Щ | |
| | Rele | vant Cor | tracts Ta | ax | | | | | | | |
| | Incor | ne Tax | | | | | | | | | |
| 16. Type of Business / Activity * | | | | | | | | | | | |
| (a) Is the business mainly | retail | mainly | wholes | ale | | m | ainly | ma | nufa | acturi | ng |
| meat and processing building & co | nstruction | distan | ce sales | | | se | rvice | es | | | |
| (b) Describe the Business / Activity conducted in as | | _ s possible | e. | | | _ | | | | | |
| , | | • | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 17. Please confirm if there is a software package in | | | | | | • | Yes | | | N | o [|
| 17. Please confirm if there is a software package in business, e.g. Accounting Package / EPOS system | | | | | | \ | Yes | | | N | 0 |
| | em. | | | | | ` | Yes | | | N | 0 |
| business, e.g. Accounting Package / EPOS systematics business, e.g. Accounting Packag | em. kage(s) | | ne hov* | | | ` | Yes | | | N | 0 |
| business, e.g. Accounting Package / EPOS syste | em. kage(s) | | ne box* | | | ` | Yes | | | N | 0 |
| business, e.g. Accounting Package / EPOS systematics business, e.g. Accounting Packag | em. kage(s) stomers, inser | t ⊠ in th | | v shall l | have a | | | ne D | rirec | | 0 |
| business, e.g. Accounting Package / EPOS systems of the software package. If yes, please provide the name of the software package. 18. If the business will supply plastic bags to it's custom of the software package. If yes, please provide the name of the software package. 19. Director Details* Per Companies Act 2014, Chapter package. | em. kage(s) stomers, inser er 4, Section 12 | t ⊠ in th 28(1) a C | Company | | | t leas | st Or | fere | nce | tor. | |
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| , (| art A continued | Ochici al I | Details | | | |
|--|--|---|---------------------|----------------------|---------------------|---------------------------|
| 22. | (a) Advisor Details, give the accounts and tax returns | | company's acco | ountant or tax ad | lvisor, if any, who | will prepare the |
| | Name | or the company. | | | | |
| | Address (Incl. Eircode) | | | | | |
| | | | | | | |
| | Phone No. | | | Mobile No. | | |
| | (Incl. Local Area Code) | | | | | |
| | Tax Advisor Identification N | umber (TAIN) | | Client's Ref | | |
| | Contact Person | | | eMail | | |
| 22. | (b) If correspondence rela | ting to the following is t or tax advisor , insert | - | VAT (i.e. VAT3's) | RCT | Employer PAYE / PRSI |
| | relevant box | OI tax auvisoi , iliseit | M III tile | (1.6. 771100) | СТ | IT |
| Pa | art B | Registrat | tion for Co | rporation 7 | Tax | |
| 23. | (a) Insert ⊠ in this box if y | | | • | | |
| | (b) Insert ⊠ in this box if y | ou are registering for l | Income Tax | | | |
| | (c) State the date the com | pany commenced to tra | ade in the State | * | D D | M M Y Y Y Y |
| 24. | (a) Does the company hav | ve a permanent establis | shment in the St | tate? * | Yes | No |
| | (Building site or construct | tion or installation project | | | | |
| | (b) If Yes, state the address | (Incl. Eircode) | | | | |
| Pa | art C | Registrat | tion for VA | T | | |
| 25. | Insert ⊠ in this box if you | are registering for VAT | • | | | |
| 26. | (a) State the date from which | ch the company requires | to register for VA | AT * | D D | M M Y Y Y |
| | ` , | gister for VAT you may o | , , | | | |
| (b) Are you registering the company because you wish to elect it to be a taxable person Yes (although not obliged by law to be registered)? Note: The option to elect to register is not available to receivers. | | | | | erson Yes | No |
| | (c) Provide a detailed descr | ription of vour Vatable ac | tivity in Ireland | | | |
| | | | | | | |
| 27. | Are you applying for the c services? * | ash receipts basis of a | ccounting for g | oods and | Yes | No |
| | If your answer is 'Yes', is th | is because | | | | |
| | (a) your expected annua | al turnover will be less tha | an €2,000,000 (r | net of VAT)? | (a) | insert ⊠ in either |
| | | to persons who are not re | | | (b) | (a) or (b) as appropriate |
| 28. | schools or the gener Provide copy of contract * | | | | | |
| | (a) Name and address (Incl. | | | | | |
| | (b) Registration Number of (| contractor. | | | | |
| | (c) Location of supply of goo | ods or services | | | | |
| | (d) Duration of contract | | € | | | |
| | (e) Value of contract | | | | | |
| 29. | Will your business engage | e in the supply of good | s and / or servi | ces? | Yes | No |
| | If your answer is 'Yes': | , , , , , , , , , , , , , , , , , , , | | | | |
| | (a) ⊠ the app | ropriate box and provide | a brief description | on Goo | ds Serv | vices Both |
| | | | | | | |
| | | | | | | |
| | (h) Ctata th | storage and distribution | addroop in Irole: | d for goods? | | |
| | (b) State the | storage and distribution a | | u ioi goods? | | |
| | | | | | | |
| | | | | | | |

Registration for VAT

| (c) State the | courier or delivery service | e provider(s) for sales. | | |
|--|------------------------------------|------------------------------------|------------------------------------|------------|
| | | | | |
| | | | | |
| 30. Intra Community Activity* | * | | | |
| Businesses in other EU m | nember states and wish | | ade with VAT Registered | |
| (a) Do you intend to supply | goods to other EU memb | er states? | Yes | No 🗌 |
| (b) Do you intend to supply | services to other EU mer | nber states? | Yes | No |
| (c) Do you intend to acquire | e goods from other EU me | ember states? | Yes | No No |
| (d) Do you intend to acquire | e services from other EU i | member states? | Yes | No |
| 31. Intra Community Activity | | | | |
| • | o any of the questions in 3 | 30 above please provide the foll | | |
| Who are your customers? | | Private Individu | | Both |
| What due diligence measure in the EU? | es and checks are condu | cted in relation to current and pr | ospective suppliers or cus | tomers |
| in the Eo: | | | | |
| | | | | |
| | | | | |
| What are the transport arrar | ngements for making sup | plies of goods outside the State | ? | |
| | | | | |
| | | | | |
| What documentation will be | e sought to prove that goo | ds supplied outside the State, le | eave the State? | |
| | | | | |
| | | | | |
| How do you intend to make | supplies to your custome | ers? Direct Sales Via an In | termediary / Third Party | Both |
| | | arty please detail the distributio | n chain. Include informatio | n |
| concerning storage facilities | s / fulfillment partners / de | livery as appropriate. | | |
| | | | | |
| | | | | |
| 32. VIES (VAT Information Exc If you have answered Yes to EU Member States you are | question 30 (a) or 30 (b) | above, in relation to the supply | y of goods and / or service | s to other |
| (Statement of Intra-Commun | nity Supplies) Regulations | , | pplies as per Value-Added | Tax |
| (a) What is your estimated a | | | | |
| Less than €635,000 | Between €635,000 and €1 | Im Between €1m and €1 | 0m Greater than € | :10m |
| (b) Will you exceed €50,000 | | | Yes | No |
| 33. State the bank or building | society account to whi | ch refunds should be made: | | |
| Bank/Building Society | | | | |
| Branch Address | | | | |
| IBAN (Max. 34 characters) | | | | |
| BIC (Max. 11 characters) | | | | |
| 34. If you acquired the busine | | ner, state | | |
| (i) The name and current a from whom you acquired | | | | |
| (ii) The VAT / registered nu | mber of that person | | | |

Registration for VAT

35. Postponed Accounting for VAT

| o you intend to import goods from outside the EU? | | Yes | | No | |
|---|--------|----------------|---------|-------|-----|
| Yes, do you wish to be considered for Postponed Accounting of VAT on such imp | Yes | | No | | |
| Yes, please provide the following details as applicable: | | | | | |
| Details of the type, volume and value of goods to be imported from outside the second se | he EU | | | | |
| | | | | | |
| | | | | | |
| Details of the suppliers of such goods being imported and the terms of such clearly demonstrate who the importer / accountable person is | supply | . The terms of | f suppl | y sho | uld |
| | | | | | |
| | | | | | |
| Who are your customers? Private Individuals Places appoints details. | s | Businesses | | Both | |
| Please provide details | | | | | |
| | | | | | |
| | | | | | |
| • Please provide details of the system for maintaining records that the account to the supply by or to that person, of goods, that ensures those records are available to that person. The address at which the information will be retained. | comple | te, accurate a | ınd rea | | g |
| | | | | | |
| | | | | | |
| | | | | | |

• Please attach evidence of the current business address, e.g. a copy of the lease, correspondence received at the address, etc.

Revenue may request additional documentation or proofs as outlined in legislation in addition to what has been specified above. If the requested documentation or proofs are not submitted within the timeframe, access to Postponed Accounting will not be granted.

VAT applicants who wish to be considered for Postponed Accounting must first hold a Customs & Excise registration.

| Pail D | Registration as | an ⊑mpioyer i | UI PAIE / F | RSI |
|--|---|---|----------------------|----------------------------------|
| 36. Are you registering as an | employer for PAYE / PRSI? | | Yes | No |
| . , , | which you wish to register liged to report your employees' payre. Further information on www.rev | | enue in real time. T | To do this, you will |
| · · | any employees in the course of th | | Yes | No |
| (a) Are any of the employ | rees resident in Ireland? pister as an Employer in the State | | Yes | No |
| (b) Are any of the employ | rees resident outside the State? | | Yes | No 🔙 |
| 60 days in total in the | oyees working in the State for more year of assessment? or exemption from the obligation to o | | Yes | No No |
| Correspondence on PAYE | o PAYE / PRSI is being dealt with by | | | give the following |
| Name | 4. 1 | Phone No. | | |
| Address | (Inci. | Local area code) eMail | | |
| (Incl. Eircode)* | | Mobile No. | | |
| Tax Advisor Identification Number (TAIN) | | Client's Ref | | |
| Part E | Registration for | Relevant Con | tracts Tax (| RCT) |
| 39. Date of commencement for 40. If you are a subcontractor (a) Principal Contractor and Irish tax registra | (b) Principal & Solease provide the number of subcorpor RCT * To please provide the following det To number ation number (available from your Principal & Soleans and Soleans at the subcorpor RCT * | ntractors engaged. ails in relation to you | | entractor only M M Y Y Y Y and |
| (d) What is the duration | of the contract? | | | |
| Part F | Registration for (| Capital Gains Ta | IX (CGT) | |
| 41. If you are registering for 0 | Capital Gains Tax insert ⊠ in the b you require to register for Capita | ox | D D M M | M Y Y Y Y |
| Declaration | This must be made in ever | y case before you ca | an be registered | for one toy |
| I declare that the particulars | supplied by me in this applicatio | n are true in every re | spect | ior any tax |
| NAME* | | | | ior any tax |
| | SIGNA | TURF* | | ior arry tax |
| (III B | SIGNATELOCK LETTERS) | ΓURE* | | ior any tax |
| CAPACITY* | SIGNATE* | TURE* | M M Y Y Y | Y |

Additional Information

If you require further information on taxation in Ireland, please visit www.revenue.ie. Save time by filing online using our **Revenue Online Service** (**ROS**). This is a self-service, internet facility which provides customers with a quick and secure facility to manage their tax affairs online 24/7, 365 days a year. Please note that certain categories of taxpayers in Ireland are required to pay and file their tax returns online. See more on **Mandatory e-filing** on our website.

Revenue's data protection policy and information are available on the Revenue website.

Please submit this form to the appropriate Registration Unit, see Details below.

| Details | Address | Contact Details |
|---|--|---|
| Associates of existing LCD customers and companies involved in; a) Financial institutions (other than credit unions) b) Debt Securitisation c) Stockbroking firms d) Aircraft Leasing e) Insurance / Re-insurance f) An Investment Fund regulated by the Central Bank of Ireland g) Real Estate Investment Trust h) An IDA supported company (over 300 employees) | Office of the Revenue Commissioners Large Corporates Division Anne Street Wexford Y35 E29K | eMail: largecasesdiv@revenue.ie |
| All other customers and companies | Business Registrations Office of the Revenue Commissioners P.O. Box 1 Wexford | eMail: businesstaxesregistrations@revenue.ie |

The Revenue Commissioners collect taxes and duties and implement customs controls. Revenue requires customers to provide certain personal data for these purposes and certain other statutory functions as assigned by the Oireachtas. Your personal data may be exchanged with other Government Departments and agencies in certain circumstances where this is provided for by law. Full details of Revenue's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available on our **Privacy** page on **www.revenue.ie**. Details of this policy are also available in hard copy upon request.

The information in this document is provided as a guide only and is not professional advice, including legal advice. It should not be assumed that the guidance is comprehensive or that it provides a definitive answer in every case.

