Remote Betting Duty and Remote Betting Intermediary Duty TAX REGISTRATION – TR (BET)



FOR NON-RESIDENT INDIVIDUALS, PARTNERSHIPS, TRUSTS OR UN-INCORPORATED BODIES AND FOREIGN COMPANIES engaged in licensed remote bookmaking operations

Remote bookmaking operation means the business or activities of a remote bookmaker or a remote betting intermediary. One tax registration form can be used by licensed remote bookmakers and remote betting intermediaries to register for betting duty and betting intermediary duty, respectively. (Please note that separate **licences** will be required for an operator who wishes to carry out both of these activities).

This form may be used by the following in order to register for Remote Betting Duty and Remote Betting Intermediary Duty in Ireland:

- A **non-resident individual**, (should complete parts A1, A4)
- A non-resident partnership, trust or unincorporated body, (should complete parts A2, A4)
- A **foreign company**, (should complete parts A3, A4)

When completed, return it by email to:

BusinessTaxesRegistrations@revenue.ie

* Denotes a mandatory field

Note: Without correct information your tax registration may be delayed.

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.



A1 Individuals (if the applicant is not an individual, go to Section A2 or A3 as appropriate) Title Specify Mr Other Mrs Ms Forename* Surname* Country of Residence* **Nationality (if different)** Date of Birth* D D M M Address* **Phone Number*** (including International **Dialling Code and Area Code)** eMail* If an Irish Tax reference number / Personal Public Service Number (PPSN) was previously issued to you, please quote that number here: A2 Trusts / Partnerships (if the applicant is not a trust / partnership, please complete Section A1 or A3 as appropriate) Name of Body to be Registered* Trading Name* Address* Phone Number* (including International Dialling Code and Area Code)

Partnership

Specify

Sole trade

Other

eMail*

Legal Format*

Responsible Person (Chairperson, or Secretary of Group, or Precedent Acting Partner in the case of a partnership)*

Title		Mr	Mrs	Ms	Other	Specify	
Forename*						<u> </u>	
Surname*							
Address*							
Phone Number*		<u> </u>					
(including Internation Dialling Code and A							
eMail*	-						
Irish Tax reference		<u> </u>					
PPSN, if applicable							
If this partnership / the reference number	_	jistered	I for any f	ax in Ire	land previo	ously, please q	uote
	# Here.						
Partnership, Trust o	r Other Body	(for Pa	artnership	os Minim	um 2 Partr	ners)*	
Give the following info	ormation in re	spect of	f all partne	ers, truste	es, or othe	r officers. Under	r
"Capacity" state whet	her precedent	t acting	partner, p				
continue on a separa	te sheet in you	ur email	l.				
Name	Address		Car	pacity		Irish Tax Refer	
						Number / PPS applicable	N, II
			1		1		

A3 Foreign Companies

Full Name of Company*	
Trading Name *	
Country of Incorporation*	
Date of Incorporation*	D D M M Y Y Y
Tax Registration Number in Country of Incorporation	
Address in Country of Incorporation*	
Phone Number* (including International	
Dialling Code and Area Code)	
eMail*	
Website*	
If the company was registered for reference number here:	or any tax in Ireland previously, please quote the Tax
Company Secretary if applicable	•
Full Name*	
Address*	
Phone Number*	
(including International Dialling Code and Area Code)	
eMail*	
Irish Tax reference number / PPSN, if applicable	

Directors

Please provide the following information in respect of each director. If necessary, continue on a separate sheet in your email.

Name	Address	Irish Tax Reference Number / PPSN, if applicable

To be completed by all applicants

To be complete	ted by all applicants
A4 Type of Business (tick one only)	
Remote Bookmaker	
Remote Betting Intermediary	
Both	
Date of Commencement*	D D M M Y Y Y Y

Tax Adviser Details

Give the following details of the company's accountant or tax adviser, if any, who will prepare the Betting Returns for the Company

Full Name	
Address	
Phone Number	
(including International Dialling Code and Area C	code)
eMail	
Client Ref	
Irish Tax Advisor Identifi	ication Number (TAIN), if applicable
DECLARATION*	
	ars supplied by me in this application are true in every respect.
	ars supplied by me in this application are true in every respect.

(To be signed by the individual, company secretary, precedent acting partner, trustee or other authorised officer.)