



New Business Enquiry

Taxation Office, St Mary's Walk, Stanley,
Falkland Islands, FIQQ 1ZZ
Tel (+500) 28470

Email general@taxation.gov.fk

Public opening hours Monday to Friday, 9am – 12 noon

FAO: Business Owner
Business name

Date of issue:

I understand that the above business has commenced or has otherwise become subject to tax. Please complete and return this form to the address shown above. When completing the form please use the date format dd/mm/yyyy.

Once we have received your completed form you will be issued with an Employer Reference Number (ERN). Even if you do not have any employees this reference number will be required when completing the annual returns issued by the Taxation Office. Please use this reference number when corresponding with the Taxation Office.

If you wish to discuss your taxation obligation please contact your professional adviser or the Taxation Office.

Details of the Business

1 Business Office					
Po Box		Telephone			
Address		Email			
Country					
2 Date trading commenced / due to commence					
3 Date first accounts will be made up to (if an account period end is a date other than 31 December, permission will need to be sought from the Commissioner of Taxation – please complete Question 12)					
4 Description of the activities to be carried on by the business					
5 Agent / accountant dealing with the business's tax affairs (please submit separate Agent Authority Form)					
6 Is this business a sole-trader?		Yes <input type="checkbox"/>	Go to question 7	No <input type="checkbox"/>	Go to question 8

7 Details of business owner	
Full Name	
Po Box	
Home Address	
Country	
Date of Birth	

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8	Is this business a partnership	Yes <input type="checkbox"/>	Go to question 9	No <input type="checkbox"/>	Go to question 10
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9	Details of partners <i>(if there are more than four partners provide details of remaining partners on a separate sheet of paper)</i>
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	Partner 1		Partner 2
Full Name			
Po Box			
Home Address			
Country			
Date of Birth			
Percentage of profit split			
	Partner 3		Partner 4
Full Name			
Po Box			
Home Address			
Country			
Date of Birth			
Percentage of profit split			

Please provide a copy of your partnership agreement - please note this does not need to be a formal document, but should at a minimum provide details of the partnership and be signed by all partners

Note: If, for any account period, there is a change in the partnership profit split, our office needs to be informed in writing before the end of the relevant tax year.

10	Is this business an employer with employees liable to Falkland Islands Tax?	Yes <input type="checkbox"/>	Go to question 11	No <input type="checkbox"/>	Go to question 12
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11	Details of the business's Payroll Administrator, if different from business owner.
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Full Name		Telephone	
Po Box		Email	
Home Address			
Country			
Date of Birth			

We will issue you with a guide to explain your tax obligations as an employer and a workbook containing all the employer forms to be used during the year.

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12 Is the business's account period end a date other than 31 December? If so, please state below the reasons why you wish to have this date.

These details will be reviewed and confirmation provided of whether or not the date is accepted or if further details are required.

Signature

Date

Name

Status i.e. Owner, other authorised officer

Office use only	Date	Initials
ERN created		
Database record created		ERN
Y drive record created		ERN
If employer, guidance notes sent		
If employer, added to POAT return record		
Files noted		Perm Notes
If AP other than 31 Dec passed to HoT or DHoT		
Business provided with confirmation of AP end		
Business provided with ERN		