



THE REVENUE ADMINISTRATION ACT  
**APPLICATION FOR TAXPAYER REGISTRATION (INDIVIDUALS)**

**FORM 1**

Please TYPE or PRINT. Use blue or black ink only. Complete ALL relevant boxes.

**Section A - GENERAL INFORMATION**

Is this the first application for a Tax Registration Number for this applicant?  Yes  No

1. Applicant's Name Last name: First name: Middle name:	2. Name at Birth (If different from 1) Last name: First name: Middle name:	Taxpayer Registration Number (TRN) Assigned.
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3. Reason for Name Change <input type="checkbox"/> Adoption <input type="checkbox"/> Marriage <input type="checkbox"/> Deed Poll <input type="checkbox"/> Other (Specify)	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	6. Date of Birth Year Month Day
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7. Country of Birth <input type="checkbox"/> Jamaica <input type="checkbox"/> Other (Specify)	Code	8. Parish of Birth Code	9. Place of Birth
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10. Nationality <input type="checkbox"/> Jamaican <input type="checkbox"/> Other (Specify)	Code	11(a) Telephone Number(s) Home: Work: Cell:
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11(b) Fax Number(s)	11(c) E-mail Address	12. Please indicate your preferred method of contact: <input type="checkbox"/> Phone (State tel. no) <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> SMS: (State tel. no.) <input type="checkbox"/> Mail/Post
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13(a) Home Address District, Town, Suite, Lot no., Apt. Name and no. Street Number Street Name Post Office/City P.O. Box Parish/County/State Postal/Zip Code Country Code				13(b) Mailing Address (If different from Home Address) District, Town, Suite, Lot no., Apt. Name and no. Street Number Street Name Post Office/City P.O. Box Parish/County/State Postal/Zip Code Country Code			
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14. Mother's Name: Maiden name: First name: Middle name:	15. Spouse's Name: Last name: First name: Middle name:	16. Occupation Code	17. NIS Number:
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**i** NOTE: You must present a valid identification (ID) along with this form. If an ID other than a passport or non-Jamaican Driver's Licence is being presented, an original Registrar General's Department (RGD) certified copy of your Birth Certificate or a copy certified by the appropriate issuing authority (applicant's born outside of Jamaica) is required. (Note: a Baptismal Certificate and a Certificate of Birth Registration, that is, "pink form", will not be accepted). Birth Certificates MUST be presented if using your Elector Registration ID (National ID Card) as identification.

18. Please indicate type of identification/document being provided and complete details.

Type of Identification	ID/Document Number	Issue Date (year/month/day)	Expiry Date (year/month/day)	Country of Issue	Code
<input type="checkbox"/> Driver's Licence					
<input type="checkbox"/> Passport					
<input type="checkbox"/> Elector Registration ID					
<input type="checkbox"/> Birth Certificate					
<input type="checkbox"/> Other ID (State below)					

19. Do you carry on a Trade, Business, Vocation or Profession in Jamaica?  Yes (Complete an Additional Information (Individual) Branches and/or Business Activities; Form 1A)  No

20. Employer's Name and Address

21. State the Tax Office where you wish to collect your TRN Card.

**Section B - REPRESENTATIVE'S DETAILS (IF APPLICABLE)**

**i** This section is to be completed if the application is for a minor (applicant under 18 years old), incapacitated adult (adult unable to sign or make a mark) or being made on behalf of the applicant with the support of a Power of Attorney or court order.

**!** Document supporting the authority of the representative to sign on behalf of the applicant must be presented with the application.

Type of Representative (Mother, Father, Attorney, etc.) \_\_\_\_\_ Representative's TRN \_\_\_\_\_ Representative's Name \_\_\_\_\_

**Section C - DECLARATION**

**!** **WARNING: Any false statement made herein will render you liable to prosecution.**

**i** NOTE: Representative is only required to sign if Section B above is applicable

I declare that the information given in this form is to the best of my knowledge and belief true and correct.

Applicant's Name \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Representative's Name \_\_\_\_\_ Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

**!** **NOTE: Applicants using a Birth Certificate and a certified photograph for ID must submit their applications in person.**

**i** 1) A certified photograph for an adult must be accompanied by a Declaration Form for Certifying Official. (available at Tax Offices)

2) Where the documents are NOT being presented in person, the applicant's signature on the Form must match that on the supporting identification

**i** For more detailed/specific requirements including those for minors, incapacitated adults, overseas applicants and self-employed individuals, refer to Tax Administration (TAJ) website: [www.jamaicatax.gov.jm](http://www.jamaicatax.gov.jm), TAJ Customer Care Centre, toll free number: 1-888-TAX-HELP (829-4357) or TRN Requirement Sheets available at any Tax Office.

**INSTRUCTIONS: Submit completed form along with appropriate ID and original documents to the nearest Tax Office. If applicant is sending application from outside Jamaica, a notarized copy of identification and supporting documents (if applicable) are required.**

**FOR OFFICIAL USE ONLY**

Identification Presented	Documents Presented	Status	Receiving Office:
<input type="checkbox"/> Passport <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Elector Registration I.D. <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other	<input type="checkbox"/> NIS Reference Card <input type="checkbox"/> Business Name Registration Certificate	<input type="checkbox"/> New <input type="checkbox"/> Updated	<b>Date:</b>  <b>Agency Code:</b>  <b>Official Stamp:</b>

Remarks

Processing Officer's Name \_\_\_\_\_ Processing Officer's Signature \_\_\_\_\_ Senior Officer's Name \_\_\_\_\_ Senior Officer's Signature \_\_\_\_\_