



FOR OFFICE USE ONLY



**SMALL BUSINESS TAX TAXPAYER IDENTIFICATION
 NUMBER (TIN) REGISTRATION**

TAXPAYER IDENTIFICATION NUMBER

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INCOME TAX ACT 1959 AS AMENDED

IRC TIN4I - 2021
 EFFECTIVE : 21st May 2021

SBT TIN Guide is available to help you with the completion of this form. Contact your local IRC office for a copy of the Guide or download it from the IRC Website: www.irc.gov.pg

Please complete all boxes in the form. Boxes in Yellow color are MANDATORY. Incomplete forms will not be processed.

SECTION A: FULL NAME AND ADDRESS OF APPLICANT

LAST NAME:		TITLE	MR	MRS	MS
FIRST NAME:			(if other, specify):.....		
MIDDLE NAME:		GENDER	FEMALE	MALE	
DATE OF BIRTH:		Is Date of Birth approximate?	Yes	No	
COUNTRY OF BIRTH:		PROVINCE OF BIRTH:			
MOBILE PHONE No. 1:		MOBILE PHONE No. 2:			
MOBILE PHONE No. 3:		LAND LINE No.:		EXT:	
E-MAIL ADDRESS:		ALTERNATIVE E-MAIL ADDRESS:			

Note: Your Registration will be completed upon validation of your contact details.

SECTION B: BUSINESS LOCATION IN PNG

Is your business conducted solely in Papua New Guinea? Yes No

PHYSICAL LOCATION OF BUSINESS:	SECTION No:		LOT No:	
	STREET / SUBURB / DISTRICT: LLG/WARD:			
	COUNTRY:		PROVINCE:	
	CITY:			
MAILING ADDRESS	P.O. BOX:			
	COUNTRY:		PROVINCE:	
	CITY / POST OFFICE:			

SECTION C: BUSINESS / ACTIVITY INFORMATION

Place a Tick (✓) in the box beside each question. **Refer Guidance Note for explanation**

1. If you are new a registrant, what is your estimated annual turnover	
a. Less than K60,000	b. K60,000 to less than K250,000
2. Do you have employees?	Yes No

3. Are you a **sole trader**? Yes No

4. Is your business operations conducted solely in PNG?

5. Are you registered for Goods and Services Tax(GST)?

6. What was your total **turnover** last year?
 a. Less than K250,000
 b. More than K250,00

7. Are you a **salary wage earner**? Yes No

8. Are you in the business of providing **professional services**?

9. Are you conducting business with an **associate or associates**? Yes No
 If your answer is yes, what is your combined turnover?
 a. Less than K250.000 More than K250,000

SECTION D: WHICH INDUSTRY SECTOR DOES YOUR BUSINESS FALL UNDER? Mark "✓" in the box(s)

- | | |
|---|---|
| A. AGRICULTURE, HUNTING AND FORESTRY | J. FINANCIAL INTERMEDIATION |
| B. FISHING | K. REAL ESTATE, RENTING AND BUSINESS SERVICE ACTIVITIES |
| C. MINING AND QUARRYING | L. PUBLIC ADMINISTRATION AND DEFENCE, COMPULSORY |
| D. MANUFACTURING. | M. EDUCATION |
| E. ELECTRICITY, GAS AND WATER SUPPLY. | N. HEALTH AND SOCIALWORK |
| F. CONSTRUCTION | O. OTHER COMMUNITY, SOCIAL AND PERSONAL SERVICE |
| G. WHOLESALE AND RETAIL TRADE, SALE AND REPAIR OF MOTOR | |
| H. HOTELS AND RESTAURANTS | P. PRIVATE HOUSEHOLDSWITH EMPLOYED PERSONS |
| I. TRANSPORT, STORAGE AND COMMUNICATIONS | Q. EXTRA-TERRITORIAL ORGANIZATIONS AND BODIES |

Describe your business activity under the sector your business fall under :

If you are conducting your business using a Business Name, provide the details here:

IPA Business Name..... (Please attach "Certificate of Business Name and Extract)

Date Business Started:

Name of Other Business	Nature of Business	Postal Address	Physical Address	Date Registered with IPA

IMPORTER: **EXPORTER:** (tick(v) if applicable)

SECTION E: BANK INFORMATION (IF YOU HOLD BANK ACCOUNT YOU MUST PROVIDE THE DETAILS BELOW) ISSUING AUTHORITY:

ACCOUNT NAME:					
ACCOUNT No.:		BANK		BRANCH	
ADDRESS		CITY/POST OFFICE		PROVINCE	

SECTION F: IDENTIFICATION (Attach copy of the ID)

ID TYPE		ISSUANCE DATE:	
EXPIRATION DATE:		PLACE OF ISSUANCE:	
NATIONALITY:		ISSUING AUTHORITY:	

SECTION G: SIGNATURE OF APPLICANT

I declare that the information that I have provided is true and correct in every detail and discloses a full and complete statement of the facts. I understand that the law imposes heavy penalties for false and misleading statements.

SIGNED:

DATE:

<i>For Office use only</i>	Eligible for SBT? Yes / No ? If declined, state reasons

Signed Date	

