



GOVERNMENT OF BERMUDA

Ministry of Finance

**Office of the Tax Commissioner**

**PAYROLL TAX**  
**EMPLOYER REGISTRATION FORM**  
**TAXES MANAGEMENT ACT 1976**

1. Type of Business: \_\_\_\_\_
2. Business name, physical address, and telephone numbers:  
 Home #: \_\_\_\_\_ Work# \_\_\_\_\_ Cel #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_
3. Business mailing address/ Registered Office (if different from # 2).
4. Name of Sole Proprietor/ Partners/ Principal Officer/ Grantor/ or Trustees – Include physical address, and telephone numbers where different from above (*Attach additional sheets if needed*):  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Name, mailing address, and telephone numbers of person making application for registration stating capacity in which application is made (e.g. Proprietor, Secretary, Precedent Partner, Agent, etc...).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cel #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_
6. If the employer has more than one place of business or is associated with other businesses/companies in Bermuda, please state name, location, and Tax Identification number/s:
7. The employer is (please check one box):
 

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> a Local Company (Limited)
<input type="checkbox"/> an employer (with domestic staff only)	<input type="checkbox"/> an Exempt undertaking	<input type="checkbox"/> an Unincorporated Association
<input type="checkbox"/> a Permit Company	<input type="checkbox"/> a Body Corporate other than an Exempt Undertaking or a local company	<input type="checkbox"/> a Registered Charity – Charity id # _____

*N.B. A Limited Liability Company is required to submit a copy of its Certificate of Incorporation together with this application.*  
*N.B. An unincorporated association is required to submit a copy of its Rules or Constitution together with this application.*
8. In respect of the legal entity indicated in paragraph 7 specify the name, address, and telephone number of the properly authorized officer or contact person for Payroll Tax purposes (specifying the office held):  
 \_\_\_\_\_
9. Does the business provide Corporate Services? ☐ Yes - Corporate Services Tax Id # \_\_\_\_\_  
☐ No  
*N.B. Corporate Services are administrative and management services, including a Registered Office which is provided to Exempted Companies by Local Companies.*
10. Estimate payroll for the year (12 months) including any notional remuneration: \_\_\_\_\_
11. Date of commencement of Business/Service \_\_\_\_\_

**Declaration:**

I hereby declare the foregoing to be true to the best of my knowledge.

Print name/s and Title/s: \_\_\_\_\_

Signature/s: \_\_\_\_\_

Date: \_\_\_\_\_

**Internal Use:**

Form processed by: \_\_\_\_\_

Date: \_\_\_\_\_

Payroll Tax # \_\_\_\_\_