

FORM TIN2



IRC OFFICE USE ONLY

TIN APPLICATION -
INDIVIDUAL

PAPUA NEW GUINEA INTERNAL REVENUE COMMISSION
PNGIRC - Your Partner in Nation Building

Taxpayer Identification Number (TIN):

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INCOME TAX ACT 1959 AS AMENDED

TAXPAYER IDENTIFICATION NUMBER (TIN) REGISTRATION - INDIVIDUAL


REASON FOR COMPLETING THIS FORM	
<input type="checkbox"/> Register an individual as a taxpayer	<input type="checkbox"/> Change contact or other registration details for an individual
<input type="checkbox"/> Close an individual taxpayer file (e.g. deceased)	<input type="checkbox"/> Request a re-print of TIN certificate

FULL NAME AND ADDRESS OF APPLICANT			
LAST NAME:		TITLE:	MR / MRS / MS. <small>(if other, specify): _____</small>
FIRST NAME:		SEX:	<input type="checkbox"/> Female <input type="checkbox"/> Male
MIDDLE NAME:		DATE OF BIRTH: <small>(DAY - MONTH - YEAR)</small>	IS DATE OF BIRTH APPROXIMATE? <input type="checkbox"/> No <input type="checkbox"/> Yes
PLACE OF BIRTH:		PROVINCE / STATE OF BIRTH:	
NATIONALITY:		OCCUPATION:	
MARITAL STATUS:	<input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed		
MAIDEN NAME: <small>(IF APPLICABLE)</small>		MOTHER'S LAST NAME:	
FATHER'S FIRST NAME:		FATHER'S LAST NAME:	
DECEASED DATE (IF APPLICABLE): <small>(DAY - MONTH - YEAR)</small>	_____ - _____ - _____		
PHONE No. 1:		PHONE No. 2:	
FAX No.:		WORK PHONE No.:	EXT: _____
E-MAIL ADDRESS:	_____		

IDENTIFICATION (PROVIDE AT LEAST ONE OF THE FOLLOWING:)			
PASSPORT NUMBER:		ISSUANCE DATE:	_____ - _____ - _____
EXPIRATION DATE:	_____ - _____ - _____	PLACE OF ISSUANCE:	
NATIONALITY:		ISSUING AUTHORITY:	
NATIONAL ID CARD No.:		ISSUANCE DATE:	_____ - _____ - _____
EXPIRATION DATE:	_____ - _____ - _____	PLACE OF ISSUANCE:	
DRIVER'S LICENCE No.:		EXPIRATION DATE:	_____ - _____ - _____
PLACE OF ISSUANCE:		ISSUING AUTHORITY:	
BIRTH CERTIFICATE No.:		ISSUANCE DATE:	_____ - _____ - _____
PLACE OF ISSUANCE:		ISSUING AUTHORITY:	
OTHER DOCUMENT No.:		OTHER DOCUMENT No.:	
<small>(if applicable - e.g. Employee ID, Student ID, etc.)</small>		<small>(if applicable - e.g. Employee ID, Student ID, etc.)</small>	

See the Taxpayer Guide to completing this form for the acceptable forms of Proof of Identity (POI).
 Note: Non-PNG Citizens must provide passport details and a photocopy of the passport for registration.

RESIDENCY	
ARE YOU A RESIDENT OF PAPUA NEW GUINEA?	<input type="checkbox"/> Yes <input type="checkbox"/> No (see the Taxpayer Guide to this form for the legal definitions of "Resident" and "Non-Resident")

ADDRESS:				
HOME ADDRESS (P.N.G. RESIDENTS ONLY)	SECTION No:		LOT No:	
	STREET / SUBURB / DISTRICT:			
	COUNTRY:		PROVINCE:	
	CITY:			
MAILING ADDRESS (P.N.G. RESIDENTS ONLY)	P.O. BOX:			
	COUNTRY:		PROVINCE:	
	CITY / POST OFFICE:			
	CARE OF (C/-):			
FOREIGN ADDRESS (IF NON-RESIDENT):				
COUNTRY:		CITY / POST OFFICE:		POSTAL CODE:
BANK INFORMATION (IF YOU HOLD A BANK ACCOUNT YOU MUST PROVIDE THE DETAILS BELOW)				
ACCOUNT NAME:				
ACCOUNT No.:		BANK:		BRANCH:
ADDRESS:		CITY / POST OFFICE:		PROVINCE:
REPRESENTATIVE INFORMATION AND TAXPAYER COMMENT				
REPRESENTATIVE NAME:				
REPRESENTATIVE TYPE: <input type="checkbox"/> Lawyer/Solicitor <input type="checkbox"/> Relative <input type="checkbox"/> Self-Representation <input type="checkbox"/> Tax Agent				
If a tax agent, provide Tax Agent Number: _____				
REASON: <input type="checkbox"/> Deceased <input type="checkbox"/> Insolvent <input type="checkbox"/> Legally Disabled <input type="checkbox"/> Minor <input type="checkbox"/> Non-Resident <input type="checkbox"/> Other <input type="checkbox"/> Own Preference				
PHONE NUMBER 1:		PHONE NUMBER 2:		
E-MAIL ADDRESS:				
SEND CORRESPONDENCE TO REPRESENTATIVE: <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PROVIDE ADDRESS BELOW:				
ADDITIONAL COMMENTS REGARDING REPRESENTATIVE(S) (OPTIONAL):				
BUSINESS / ACTIVITY INFORMATION				
INDIVIDUAL SITUATION: (tick all applicable)		<input type="checkbox"/> Investment Income Earner <input type="checkbox"/> Salary & Wage Earner <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partner in a Partnership Which of the above options is your main income-earning business / activity _____		
IF SOLE TRADER: Do you have any employees? <input type="checkbox"/> No <input type="checkbox"/> Yes Projected annual turnover exceeds K250,000? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Business Name: _____				
BUSINESS ADDRESS (PHYSICAL ADDRESS NOT P.O. BOX) _____				
START DATE: (of business activity)	- -	END DATE: (of business activity - if applicable)	- -	
<input type="checkbox"/> IMPORTER: <input type="checkbox"/> EXPORTER: (tick if applicable)				
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: - -		
HOURS FOR PAYMENT: 8:30 A.M. TO 3:00 P.M. MONDAY TO FRIDAY. CHEQUES SHOULD BE MADE PAYABLE TO 'COMMISSIONER GENERAL INTERNAL REVENUE' AND MARKED 'NOT NEGOTIABLE'. PAYMENTS MAY BE MADE ELECTRONICALLY THROUGH YOUR BANK WITHOUT NEEDING TO VISIT AN IRC OFFICE. FOR DETAILS SEE www.irc.gov.pg PAYMENTS MAY ALSO BE MADE VIA EFTPOS. TAX FORMS AND GUIDES ARE AVAILABLE FOR DOWNLOAD FROM THE IRC WEB SITE www.irc.gov.pg				
 MOST PEOPLE PAY THEIR TAXES ON TIME 