



**FALKLAND ISLANDS GOVERNMENT TAXATION OFFICE**

**NEW BUSINESS ENQUIRY**

FAO: The Business Owner  
Name and Address of Business:

Phone: **+500 28470**  
Fax: **+500 27287**  
E-mail: **general@taxation.gov.fk**  
Date of Issue: 5 April 2018

**Taxation Office  
Secretariat, Thatcher Drive  
Stanley  
Falkland Islands**

Employers Reference Number (ERN) for Tax Purposes: (to be issued)

- I understand that the above business has commenced or has otherwise become subject to tax.
- Please complete this form and send it back to me at the address shown above right. Please put dates in the format dd/mm/yyyy.
- Your new Employer Reference Number for tax purposes will be forwarded to you (even if the business is not an employer, we will still allocate this reference for the purposes of the 'Return of Payments Made to Small Businesses / Individuals' issued towards the end of the year).
- Please use this number in future correspondence with the Taxation Office.
- If you wish to discuss your Taxation obligations then please either contact your professional adviser or our office (our contact details are shown above).

**1** Details of the Business

**Business Office**

PO Box

Address

Country

Tel

Fax

Email

Date trading commenced / due to commence

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 5)

Description of activities to be carried on by the business

Agent / accountant dealing with the business's tax affairs (please submit separate Agent Authority Form)

**2** Is this business a sole-trader?

Yes   Complete details below

No   Go to Question 3

**Details of the Business Owner**

Full Name

PO Box

Home Address

Country

Date of Birth:

**3** Is this business a partnership?

Yes  ✓ Complete details below

No  ✓ Go to Question 4

	Partner 1
Full Name	<input type="text"/>
PO Box	<input type="text"/>
Home Address	<input type="text"/>
	<input type="text"/>
Country	<input type="text"/>
Date of Birth	<input type="text"/>
% Profit Split	<input type="text"/>

	Partner 3
Full Name	<input type="text"/>
PO Box	<input type="text"/>
Home Address	<input type="text"/>
	<input type="text"/>
Country	<input type="text"/>
Date of Birth	<input type="text"/>
% Profit Split	<input type="text"/>

	Partner 2
Full Name	<input type="text"/>
PO Box	<input type="text"/>
Home Address	<input type="text"/>
	<input type="text"/>
Country	<input type="text"/>
Date of Birth	<input type="text"/>
% Profit Split	<input type="text"/>

	Partner 4
Full Name	<input type="text"/>
PO Box	<input type="text"/>
Home Address	<input type="text"/>
	<input type="text"/>
Country	<input type="text"/>
Date of Birth	<input type="text"/>
% Profit Split	<input type="text"/>

*(If there are more than 4 partners please provide details of the remaining partners on a separate piece of paper)*

**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.**

Is there a formal written partnership agreement? Yes  ✓ Please enclose a copy of that agreement

No  ✓

**4** Is this business an employer with employees liable to Falkland Island tax?

Yes  ✓

No  ✓ Go to Question 5

If yes, please provide details below of the business's Payroll Administrator, if different from the Business Owner

Full Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Country	<input type="text"/>

Tel	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

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

5

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 any further details are required.)

Large empty rectangular box for providing reasons for a non-standard account period end date.

6 Signed

Empty rectangular box for the signature.

Capacity in Which Signed

Business Owner

✓

Other authorised Business Officer (*please specify*)

✓

Empty rectangular box for specifying the role of the authorised business officer.

Date

Empty rectangular box for the date.

**Office Use:**

ERN created

Date

Initials

\_\_\_\_\_

\_\_\_\_\_

Database record created

\_\_\_\_\_

\_\_\_\_\_

If employer, guidance notes sent

\_\_\_\_\_

\_\_\_\_\_

If employer, added to POAT check list

\_\_\_\_\_

\_\_\_\_\_

If AP end other than 31 Dec, passed to TO/DTO

\_\_\_\_\_

\_\_\_\_\_

Business provided with confirmation of AP end

\_\_\_\_\_

\_\_\_\_\_