



BELIZE TAX SERVICE REGISTRATION FORM - INDIVIDUALS



For Official Use Only

Date: _____

Signature: _____

BTS101

Name: _____
LAST NAME FIRST NAME MIDDLE NAME

Date of Birth: _____ Sex: _____ Nationality: _____
DAY/MONTH/YEAR

Marital Status: _____ Maiden Name: _____
(SINGLE, MARRIED, DIVORCED, SEPARATED, WIDOWED)

Profession/Occupation: _____

IDENTIFICATION NUMBERS	CONTACT INFORMATION
Tax Identification Number: _____	Work Number: _____
Social Security Number: _____	Home Number: _____
Other Identification: Type _____	Cell Number: _____
Number _____	Fax Number: _____
	Email Address: _____

EMPLOYMENT INFORMATION

Current Employer Name: _____

Address: _____

Period of Employment: _____

Previous Employer Name: _____

Address: _____

Period of Employment: _____

Previous Employer Name: _____

Address: _____

Period of Employment: _____

ADDRESSES

Home Address: _____
NUMBER/STREET NAME

_____ (CITY/TOWN/VILLAGE/DISTRICT)

Mailing Address: _____
NUMBER/STREET NAME

_____ (CITY/TOWN/VILLAGE/DISTRICT)

Post Office Box: _____ City/Town: _____

SPOUSE INFORMATION

Name:

LAST NAME

FIRST NAME

MIDDLE NAME

Contact Number:

Address:

BANK INFORMATION

Name	Address	Branch Number	Account Number

Signature:

Date:

DAY/MONTH/YEAR

Print Name:

Position:

FOR OFFICIAL USE ONLYDate Application
Entered

Signature

Taxpayer Number