



GOVERNMENT OF BERMUDA
Ministry of Finance

Office of the Tax Commissioner
EMPLOYER REGISTRATION FORM
TAXES MANAGEMENT ACT 1976

1. Business Name: _____
2. Brief description of the service that will be provided: _____

3. The business is (please check one box):

<input type="checkbox"/> Sole Proprietor/Self-employed	<input type="checkbox"/> Partnership	<input type="checkbox"/> an Unincorporated Association
<input type="checkbox"/> An employer (with domestic staff)	<input type="checkbox"/> Exempted Company	<input type="checkbox"/> a Registered Charity (Id #) _____
<input type="checkbox"/> a Permit Company	<input type="checkbox"/> Local Company (LLC or Ltd.)	
<input type="checkbox"/> Government consultant/Independent contractor	<input type="checkbox"/> a Body Corporate other than an Exempted or local company	

4. Name of Self-employed person / Partners / Principal Officers / Directors:

Name	Address	Email

5. Business Physical Address		6. Business Mailing Address / P.O. Box	
Home #	Work #	Cell #	
Email			

7. Authorized Officer / Contact Person for Payroll Tax purposes:

Name	Work #	Cell #
Email		

8. If the employer has more than one Tax ID number or is associated with other businesses in Bermuda please provide:

Name	Tax ID#

9. Does the business pay Corporate Services or Financial Services Tax? No
 Yes – Corporate Services Tax # _____
 Yes – Financial Services Tax # _____

10. Annual Business Expense: \$ _____
 11. Estimated Annual Revenue: \$ _____
 12. Estimated Annual Payroll: \$ _____

13. Commencement / Start date of business: _____

Declaration: Read and sign each box below

I understand that I am responsible for filing payroll tax returns quarterly.
 I understand that I must keep books and records of my financial activities.
 I understand that if I fail to file I will be assessed based on my annual payroll and an automatic 30% additional tax will be added. Debts can accumulate and if I fail to pay, I may face legal proceedings.
 I understand that I must notify the Office of the Tax Commissioner within 30 days of any changes to my business status

- Which includes:
- Business did not commence operations.
 - Change of address, email, and telephone numbers
 - Sale or closure of business

I/we hereby declare the above mentioned to be true. I/we give assurance that tax will be paid in accordance with the law and understand that the failure to do so is punishable by summary conviction and fines up to \$500,000.

Print Name/s: _____ Job Title/s: _____
 Signature/s: _____ Date: _____

Note: Please ensure that this application has been completed in its entirety. Applications that are incomplete or missing the required supporting documentation, will delay the registration process.



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Office of the Tax Commissioner
EMPLOYER REGISTRATION FORM - INSTRUCTIONS FOR COMPLETING APPLICATION FORM.

1. Provide the name of the business. If the business does not have a name, the owners name can be included here.
2. Describe briefly, the business or the services that will be provided.
3. Definitions
 - a. Sole Proprietor – Entrepreneur / Self-employed person, with no employees
 - b. Employer (with domestic staff) - nannies, housekeepers, caregivers
 - c. A Permit Company – An overseas company with a permit issued by the Minister (not an exempted company).
 - d. Government Consultant / Independent Contractors – Must have a contract to support that you are not an employee of the company that has hired you.
 - e. Partnership – persons entering an agreement to operate a business / provide a service
 - f. Exempted Company – Company which is Exempted from the requirements imposed on local companies by the Bermuda Companies Act 1981
 - g. Corporate other than exempted or local company
 - h. Local Company LLC or Ltd - Registered with the Registrar of Companies
 - i. Unincorporated association – Sports clubs etc.
 - j. Registered Charity - include charity number
4. List & provide details on all owners, partners, officers etc. involved in the business.
5. Provide the physical business address.
6. Provide the business mailing address or post office box. Also include *all* contact numbers.
7. List persons who can have access to the tax account.
8. If there are other businesses with tax accounts that is listed under your name, company etc., include the name of the business and the tax account.
9. Does the company provide;
 - a) Corporate Services as defined by the Corporate Services Tax Act 1995.
 - b) Financial Services Tax as defined by the Financial Services Tax Act 2017.
10. Provide a dollar amount estimate of what you anticipate the yearly (12 months) business related expenses to be.
11. Provide a dollar amount estimate of what you anticipate the yearly (12 months) revenue to be
12. Provide a dollar amount estimate of what you anticipate the yearly (12 months) payroll/salary and wages to be.
13. Provide the start date. This is the date you anticipate opening and operating the business, whether part-time or full-time basis.

Note:

If this application is for a partnership, **both** parties will need to print their name and sign the form. All applications should include the title of the person signing the form i.e. Owner, CEO etc.



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Office of the Tax Commissioner**Registering, changing, or closing a tax account**

Every employer and self-employed person who is liable for tax must register with the [Office of the Tax Commissioner](#) within seven days of the end of the first tax period in which the employer or self-employed person commences business. **It is a criminal offence to fail to register.**

To register, submit the [Employer Payroll Tax registration application form](#) to the Office of the Tax Commissioner with the following:

1. **Self-employed persons and Unincorporated partnerships:**
 - a copy of either your driver's license or passport
 - a recent utility bill to verify current address
 - a business plan, at the request of the tax officer
 - written and signed partnership agreement
2. **Limited companies (Ltd.) and Limited liability companies (LLC):**
 - Certificate of incorporation or Certificate of formation
 - a current share register or a current register of LLC members
 - Memorandum of Association
 - a copy of driver's licenses or passports for all shareholders / members
3. **Unincorporated associations/charities/not for profit organizations:**
 - statement of activities
 - rules or constitution of the organization
 - a list of executive members responsible for debts and contractual obligations
 - a copy of valid ID for all executive members

Note that other documents not mentioned above may be requested by the Office of the Tax Commissioner in order to verify the business legitimacy.

Tax account change of status

Whenever you change the name, address, ownership, business structure or dissolving of a partnership etc. you must file [A Change of Status Form](#).

Deleting your tax account

If your business has closed, either temporarily or permanently, you must file a [Payroll Tax Deletion/Inactive Form](#). You may be required to provide proof of closure.

[Penalties and underpayments](#) will be levied in cases where the employer fails to notify the [Office of the Tax Commissioner](#) of business closure.