



# GHANA REVENUE AUTHORITY TAX TYPE REGISTRATION FORM

**COMPLETE IN BLOCK LETTERS**

Name of Taxpayer _____										
TIN <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>										
Address _____										

**PLEASE TICK THE APPROPRIATE BOXES**

TAX TYPES	REGISTRATION	EFFECTIVE DATE
<b>DIRECT TAXES</b>		
COMPANY INCOME TAX - CIT	<input type="checkbox"/>	___/___/___
PERSONAL INCOME TAX - PIT	<input type="checkbox"/>	___/___/___
PAY AS YOU EARN - PAYE	<input type="checkbox"/>	___/___/___
WITH HOLDING TAX	<input type="checkbox"/>	___/___/___
VEHICLE INCOME TAX - VIT	<input type="checkbox"/>	___/___/___
MINERAL ROYALTIES	<input type="checkbox"/>	___/___/___
PETROLEUM REVENUE	<input type="checkbox"/>	___/___/___
STAMP DUTY	<input type="checkbox"/>	___/___/___
CAPITAL GAINS	<input type="checkbox"/>	___/___/___
GIFT TAX	<input type="checkbox"/>	___/___/___
RENT TAX	<input type="checkbox"/>	___/___/___
AIRPORT TAX	<input type="checkbox"/>	___/___/___
NATIONAL FISCAL STABILISATION LEVY - NFSL	<input type="checkbox"/>	___/___/___
TAX STAMP	<input type="checkbox"/>	___/___/___
<b>INDIRECT TAXES</b>		
VALUE ADDED TAX (VAT)- STANDARD	<input type="checkbox"/>	___/___/___
VALUE ADDED TAX (VAT)- FLAT RATE	<input type="checkbox"/>	___/___/___
COMMUNICATION SERVICE TAX - CST	<input type="checkbox"/>	___/___/___
NATIONAL HEALTH INSURANCE LEVY	<input type="checkbox"/>	___/___/___
VAT/CST ON IMPORTED SERVICE	<input type="checkbox"/>	___/___/___
EXCISE DUTY	<input type="checkbox"/>	___/___/___

**DECLARATION**

I, _____	declare that the information given above is correct and complete
Position _____	Date of Declaration ___/___/___
Signature _____	

**OFFICE USE ONLY**

Originating Office _____	
Name of Vetting Officer _____	Date of Submission ___/___/___
Name of Data Entry Officer _____	Date of Data Entry ___/___/___
REMARKS _____	