



**DEPARTMENT OF INLAND REVENUE
BARBADOS**

INCOME TAX REGULATIONS, 1969

APPLICATION FOR REGISTRATION AS AN EMPLOYER

EMPLOYER'S NAME:

MAILING ADDRESS:

TAX ACCOUNT NO.:

E-MAIL ADDRESS:

WEB SITE:

BUSINESS NAME:

LOCATION:

CONTACT NO.(S):

NATURE OF BUSINESS:

DATE BUSINESS
COMMENCED:

NUMBER OF EMPLOYEES EARNING MORE THAN \$481.00 PER WEEK OR \$2,083.00 PER MONTH:

.....
SIGNATURE OF APPLICANT

.....
DATE OF APPLICATION