

# New employer registration form

PLEASE USE CAPITAL LETTERS WHEN COMPLETING THIS FORM.

Should you have any questions on how to complete this form please contact Tax Innovations Ltd on +44(0)1962 856990.

ALL FIELDS MARKED WITH \* ARE MANDATORY

## Section one - Business details

Business Name *	<input type="text"/>	Business Type*	<input type="text"/>
Trading Name	<input type="text"/>	LLP or Ltd Company Registration Number	<input type="text"/>
Business Address*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode*	<input type="text"/>	Date of Incorporation ( <i>Ltd Companies only</i> )	<input type="text"/>
Registered Office	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	Unique Taxpayer Reference (UTR) ( <i>10 or 13 digit reference</i> )	<input type="text"/>
	<input type="radio"/> (same as business)	<input type="text"/>	<input type="text"/>
Nature of the business	<input type="text"/>		

## Section two - Additional information

Number of employees you employ or expect to employ in this tax year ( <i>including Directors</i> ):*	<input type="text"/>	Are you providing new employer details to operate an Occupational Pension Scheme?*	<input type="radio"/> Yes <input type="radio"/> No
First pay date or date you made expenses payments and/or provided any benefits*	<input type="text"/>	Will you be engaging subcontractors in the construction industry during this year?*	<input type="radio"/> Yes <input type="radio"/> No
Do you intend to provide expenses and benefits to your employees?*	<input type="radio"/> Yes <input type="radio"/> No	If your business is a Ltd Company do you intend to reclaim Construction Industry Scheme (CIS) deductions taken from payments?*	<input type="radio"/> Yes <input type="radio"/> No

## Section three - Contact details

<b>Main Contact Details</b>	<b>Director/Partner/Owner 2</b>
Name*	<input type="text"/>
Address*	<input type="text"/>
Postcode*	<input type="text"/>
Email Address*	<input type="text"/>
Phone Number*	<input type="text"/>
	<input type="radio"/> (same as business)
<b>Director/Partner/Owner 1</b>	
Name	<input type="text"/>
UTR ( <i>if known</i> )	<input type="text"/>
NI Number	<input type="text"/>
Date of Birth	<input type="text"/>
Home Address	<input type="text"/>
Postcode*	<input type="text"/>

