



FIRST-TIME ENTREPRENEURS PAYROLL TAX RELIEF APPLICATION FORM

Date when Business Officially Opened/Commenced Tax Period to Commence Relief

Applicant: Mr. Mrs. Ms. Other

Last Name First Name Middle Initials

Residential Address Parish Postal Code

Mailing Address (if different from above) Parish Postal Code

Home Telephone Business Telephone Cell Number

Business Name

Payroll Tax ID # Date Registered with Office of Tax Commissioner

Business Location Parish Postal Code

Landlord for Business Location Landlord's Telephone Number

Email Address Date of Birth

ID Type ID Number

Bermudian Yes No If No, Nationality _____

Is your business registered with the BEDC? Yes No

Is your business a small business as per the definition in the BEDC Act 1980? Yes No



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Have you ever owned a business in Bermuda previously? Yes No

If yes, please indicate when and the name of Previous Business

Have you ever been convicted of an offense for fraud, dishonesty, or violence? Yes No

REPRESENTATION AND UNDERTAKING OF APPLICATION

As a First-Time Business Owner, I have approached the BEDC to take advantage of the First-Time Entrepreneurs Payroll Tax Relief for 1 year (4 consecutive tax periods). If, because of this application, I receive approval from the BEDC to be exempt from paying Payroll Tax on the Employer portion for both me and my employees for 4 consecutive tax periods from commencement of the business, I give the following representation and undertaking:

- A) The BEDC is hereby authorised to ask for and receive all such information concerning this application as the BEDC shall reasonably require to assess the status of any relief given to me.
- B) I will provide to the BEDC updates on any changes (increases/decreases) to numbers of staff.
- C) I will inform the BEDC if the business closes.
- D) I understand that my failure to comply with the representations and undertaking hereby given may result in the payroll tax relief being cancelled.
- E) The above representation and undertaking hereby provided by me are factual and true to the best of my knowledge.

Date: _____ Signed: _____

Please note the information provided to the BEDC as a result of this application will remain confidential to the BEDC and will only be used for the purposes of this application, as well as, data collection and research related to the assessment of the effectiveness of the First-Time Entrepreneurs Payroll Tax Relief programme itself.



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The BEDC will be checking with the Bermuda Government's Office of the Tax Commissioner; the Department of Social Insurance; and the Registrar of Companies to confirm that the applicant has not previously owned a business in Bermuda.

FOR OFFICE USE ONLY:

REF #: _____ Date received: _____

Received By: _____ Approved: Refused:

Date First Time Entrepreneurs Payroll Tax Relief Approval Letter Issued: _____

Comments: _____

