



ECONOMIC EMPOWERMENT ZONE PAYROLL TAX RELIEF APPLICATION FORM

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

Email Address Date of Birth

ID Type ID Number

Bermudian Yes No If No, Nationality _____

Business Name

Business Location Parish Postal Code

Landlord for Business Location Landlord's Telephone Number

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

Payroll Tax ID # Date Registered with Office of Tax Commissioner

Is your business registered with the BEDC? Yes No

Is the business current with payroll tax and social insurance? Yes No

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



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REPRESENTATION AND UNDERTAKING OF APPLICATION

As a new business starting up in or an existing business relocating to an Economic Empowerment Zone, I have approached the BEDC to take advantage of the EEZ Payroll Tax Relief for 9 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 9 consecutive tax periods from the establishment of the business in an EEZ, 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 in order to assess the status of any relief given to me.
- B) I will provide the BEDC with factual information on the business.
- C) 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 or is sold.
- 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.

The BEDC will be checking with the Bermuda Government’s Office of the Tax Commissioner and the Department of Social Insurance to confirm that the business is not in arrears with these obligations.

FOR OFFICE USE ONLY: REF #: _____

Received By: _____ Date received: _____

Date EEZ Payroll Tax Relief Approval Letter Issued: _____ Approved: Refused:

Comments: _____