



Package B

TIN Application Form – ENIN Sole-Trader

(Do not use this form for Unipessoal, LDA, SA, Branch of Foreign Company, For Profit Foundation or State-Owned Enterprise)



Section 1 – General Information

1. Do you already have a personal Timor-Leste TIN? <input type="checkbox"/> Yes → enter your current TIN: _____ <input type="checkbox"/> No	2. Are you applying for a second TIN for this business? <input type="checkbox"/> Yes → State the reason: _____ _____ <input type="checkbox"/> No
3. Is this business an ENIN Sole-Trader? <i>(you are considered a Sole-Trader if, as an individual, you receive any rent or royalty or business income)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No → You are using the wrong form. Please ask for assistance.

Section 2 – Taxpayer Contact Information

4. Business Name (can be your personal name)		5. Trading Name (if different from Business Name)	
6. Preferred Language of Correspondence (check only one box)		<input type="checkbox"/> Tetun	<input type="checkbox"/> English
		<input type="checkbox"/> Portuguese	<input type="checkbox"/> Indonesian
7. Trading Address (include corresponding map proving the address)		8. Mailing Address → If same as Trading Address, check box <input type="checkbox"/> → If different than Trading Address, complete address below	
7a. Street No.	7e. Sub-District	8a. Street No.	8e. Sub-District
7b. Street Name/PO Box	7f. District	8b. Street Name/PO Box	8f. District
7c. Door/Apartment No.	7g. Country	8c. Door/Apartment No.	8g. Country
7d. City/Village	7h. Zone (for Dili only, circle one) A B C D	8d. City/Village	8h. Zone (for Dili only, circle one) A B C D
9. Business Contact Information			
9a. Primary Phone Number	9b. Other Phone Number	9c. Fax Number	9d. Email Address
9e. For official correspondence, do you prefer using the Email Address you provided or the physical Mailing Address in Question 8? <input type="checkbox"/> Email Address (from Question 9d) <input type="checkbox"/> Mailing Address (from Question 8)			
10. Owner Information (the Owner must live in Timor-Leste)			
10a. Family Name		10b. First Name	10c. Birth Date
10d. Primary Phone Number	10e. Other Phone Number	10f. Fax Number	10g. Email Address
10h. Street No.	10i. Street Name/PO Box		10j. Door/Apartment No.
10k. City/Village	10l. Sub-District	10m. District	10n. Zone (for Dili only, circle one) A B C D

10o. What is your country of Permanent Residency (usually the country of passport)?		<input type="checkbox"/> Timor-Leste (include copy of Citizen Card) <input type="checkbox"/> Other → Country _____ → Passport No. _____		
10p. Father's First Name		10q. City/District and Country of Birth		
10r. Mother's First Name	10s. Mother's Maiden Name	10t. City/District and Country of Birth		
11. Contact Person for Tax Matters if different from the Owner				
11a. Family Name	11b. First Name	11c. Title/Position	11d. Primary Phone Number	11e. Email Address

Section 3 – Other Locations in Timor-Leste where you are Conducting Business/Operations

12. Other than the primary address, do you have locations in Timor-Leste where you are conducting business/operations? <input type="checkbox"/> Yes → List all other addresses below (include corresponding map proving the address)					<input type="checkbox"/> No				
1	12a. Trade/Operating Name		12b. Street No.	12c. Street Name/PO Box		12d. Door/Apartment No.			
12e. City/Village		12f. Sub-District		12g. District		12h. Zone (for Dili only, circle one) A B C D			
2	12a. Trade/Operating Name		12b. Street No.	12c. Street Name/PO Box		12d. Door/Apartment No.			
12e. City/Village		12f. Sub-District		12g. District		12h. Zone (for Dili only, circle one) A B C D			
3	12a. Trade/Operating Name		12b. Street No.	12c. Street Name/PO Box		12d. Door/Apartment No.			
12e. City/Village		12f. Sub-District		12g. District		12h. Zone (for Dili only, circle one) A B C D			
4	12a. Trade/Operating Name		12b. Street No.	12c. Street Name/PO Box		12d. Door/Apartment No.			
12e. City/Village		12f. Sub-District		12g. District		12h. Zone (for Dili only, circle one) A B C D			
5	12a. Trade/Operating Name		12b. Street No.	12c. Street Name/PO Box		12d. Door/Apartment No.			
12e. City/Village		12f. Sub-District		12g. District		12h. Zone (for Dili only, circle one) A B C D			
6	12a. Trade/Operating Name		12b. Street No.	12c. Street Name/PO Box		12d. Door/Apartment No.			
12e. City/Village		12f. Sub-District		12g. District		12h. Zone (for Dili only, circle one) A B C D			
7	12a. Trade/Operating Name		12b. Street No.	12c. Street Name/PO Box		12d. Door/Apartment No.			
12e. City/Village		12f. Sub-District		12g. District		12h. Zone (for Dili only, circle one) A B C D			

Section 4 – Description of Activities

13. Date Business Started or was acquired: <i>(dd/mm/year)</i> ____/____/____	14. Describe the primary activity of your business: _____ _____ _____												
15. Indicate the 3 digit industry code for: <i>(refer to the list of industry codes available at the counter)</i>	15a. Your primary activity: _____												
15b. List all your secondary activities: <i>(if none, put N/A)</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">_____</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">_____</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> </tr> </table>	_____	_____	_____	_____	_____	_____	_____	_____	_____			
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
16. Is the business already, or does it expect to become, a contract vendor for any Ministry or other Agency of the Government of Timor-Leste?	<input type="checkbox"/> Yes → <i>Indicate your Government Vendor ID No.</i> V _____ <input type="checkbox"/> No												
17. Does the business have an investment certificate? <i>(include a copy of the certificate)</i>	<input type="checkbox"/> Yes → <i>Valid from (dd/mm/yyyy)</i> ____/____/____ to ____/____/____ <input type="checkbox"/> No												
18. Will the business have employees? If yes, when will (or did) the business first pay wages to employees?	<input type="checkbox"/> Yes → <i>starting when?</i> Month _____ Year _____ <input type="checkbox"/> No												
19. Will there be a manager, supervisor or any employee earning more than \$500 per month?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
20. Will there be any non-resident employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
21. How many resident and non-resident employees will you have?	Number of resident employees? _____ Number of non-resident employees? _____												
22. What is the highest number of employees (non-resident and resident) the business expects to have in the first year of operation?	_____ employees												
23. What is the expected gross income during the first 12 months of operations?	USD _____												
24. Will the business be paying rent for land, buildings, or apartments?	<input type="checkbox"/> Yes → <i>How much is the monthly rent?</i> USD _____ <input type="checkbox"/> No → <i>go to Question 27</i>												
25. To whom will the rent be paid? <i>(company or individual name and address)</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="border-bottom: 1px solid black;">25a. Name: _____</td> </tr> <tr> <td style="width: 70%; border-bottom: 1px solid black;">25b. Street No.</td> <td colspan="2" style="border-bottom: 1px solid black;">25f. Sub-District</td> </tr> <tr> <td style="border-bottom: 1px solid black;">25c. Street Name/PO Box</td> <td colspan="2" style="border-bottom: 1px solid black;">25g. District</td> </tr> <tr> <td style="border-bottom: 1px solid black;">25d. Door/ Apartment No.</td> <td style="border-bottom: 1px solid black;">25e. City/Village</td> <td style="border-bottom: 1px solid black;">25h. Zone <i>(for Dili only, circle one)</i> A B C D</td> </tr> </table>	25a. Name: _____			25b. Street No.	25f. Sub-District		25c. Street Name/PO Box	25g. District		25d. Door/ Apartment No.	25e. City/Village	25h. Zone <i>(for Dili only, circle one)</i> A B C D
25a. Name: _____													
25b. Street No.	25f. Sub-District												
25c. Street Name/PO Box	25g. District												
25d. Door/ Apartment No.	25e. City/Village	25h. Zone <i>(for Dili only, circle one)</i> A B C D											
26. When will the business first pay this rent?	Month _____ Year _____												
27. Will the business be receiving rent for land, buildings, or apartments?	<input type="checkbox"/> Yes → <i>How much is the monthly rent?</i> USD _____ <input type="checkbox"/> No → <i>go to Question 30</i>												

28. From whom will the rent be received? (company or individual name and address)	28a. Name: _____		
	28b. Street No.		28f. Sub-District
	28c. Street Name/PO Box		28g. District
	28d. Door/ Apartment No.	28e. City/Village	28h. Zone (for Dili only, circle one) A B C D
29. When will the business first receive this rent?	Month _____ Year _____		
30. Will the business be paying for services/subcontracts to individuals or businesses outside Timor-Leste?	<input type="checkbox"/> Yes → starting when? Month _____ Year _____ <input type="checkbox"/> No		
31. Will the business be receiving royalties?	<input type="checkbox"/> Yes → starting when? Month _____ Year _____ <input type="checkbox"/> No		
32. List the name and address of the source of the royalties:			
33. Will the business carry on construction or building activities?	<input type="checkbox"/> Yes → starting when? Month _____ Year _____ <input type="checkbox"/> No		
34. Will the business provide construction consulting services?	<input type="checkbox"/> Yes → starting when? Month _____ Year _____ <input type="checkbox"/> No		
35. Will the business provide air or sea transportation services?	<input type="checkbox"/> Yes → starting when? Month _____ Year _____ <input type="checkbox"/> No		
36. Will the business carry on mining or mining support services?	<input type="checkbox"/> Yes → starting when? Month _____ Year _____ <input type="checkbox"/> No		
37. Will the business be providing hotel services?	<input type="checkbox"/> Yes → starting when? Month _____ Year _____ <input type="checkbox"/> No		
38. Will the business be providing restaurant or catering services?	<input type="checkbox"/> Yes → starting when? Month _____ Year _____ <input type="checkbox"/> No		
39. Will the business be providing bar services?	<input type="checkbox"/> Yes → starting when? Month _____ Year _____ <input type="checkbox"/> No		
40. Will the business be providing telecom services?	<input type="checkbox"/> Yes → starting when? Month _____ Year _____ <input type="checkbox"/> No		

Section 5 - Supporting Documents

41. Have you included all supporting documents? Check all appropriate boxes.

- Copy of current Business License
- Map identifying the location of each establishment of this TIN
- Copy of Investment Certificate (if applicable)
- The number of non-resident employees is: _____ (non-resident means not a citizen of Timor-Leste)
 → For each non-resident employee who does not have a TIN from Timor-Leste, include a **Package C** TIN Application form

Identification documents for the owner:

Document Type	Number <i>(indicate number as it appears on the document)</i>
If the Owner is a Resident (Citizen) of Timor-Leste <i>(one of the following documents has to be provided)</i>	
<input type="checkbox"/> Copy of Timor-Leste Citizen Card	
<input type="checkbox"/> Copy of Timor-Leste Voter Card	
<input type="checkbox"/> Copy of Timor-Leste Passport	
If the Owner is a Not a Citizen of Timor-Leste <i>(both documents have to be provided)</i>	
<input type="checkbox"/> Copy of identification page of Passport; AND	
<input type="checkbox"/> Copy of Work VISA page of Passport	

IMPORTANT NOTE: Unless you are a citizen of Timor-Leste and provide a copy of a Timor-Leste Citizen or Voting Card, you will in most cases not be eligible for the \$6,000 exemption on your Income Tax Return. FOREIGN NATIONALS LIVING IN TIMOR-LESTE GENERALLY ARE NOT ELIGIBLE FOR THE \$6,000 EXEMPTION. See NDDR for further explanations.

Section 6 - Taxpayer Certification

I, _____ *(name of applicant)* certify that all of the information provided by me is true and accurate. I am aware that providing false information is punishable by Law.

Signature of Applicant:

Date:

Please contact the National Directorate of Domestic Revenue if you have any questions about this application form, tax matters or tax obligations.

You are responsible to know the tax laws of Timor-Leste as they apply to you. The tax laws and explanations are available on the Ministry of Finance website: www.mof.gov.tl, tab 'Taxation'. If you need more assistance, contact the nearest office of the National Directorate of Domestic Revenue, as appropriate.

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Approved	<input type="checkbox"/>	→	TIN Registered:	<hr/>	
Rejected	<input type="checkbox"/>	→	Reason:	<hr/>	
Tax Centre Assigned to (<i>check only one</i>):					
<input type="checkbox"/>	Dili	<input type="checkbox"/>	Baucau	<input type="checkbox"/>	Maliana
Tax Type	Decision?	If yes, period of first tax return/payment: <i>(month/year)</i>	Due date for first return <i>(to be filed and paid by):</i> <i>(dd/mm/yyyy)</i>	Instructions	
Income Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No			These returns must be filed and paid annually, usually by the 31 st of March the following year. There is a penalty for late filing, even if you owe no tax due on the tax return that is filed late.	
Wages Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No			These returns must be filed and paid monthly, by the 15 th of the following month. There is a penalty for late filing, even if you owe no tax due on the tax return that is filed late.	
Withholding Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No			These returns must be filed and paid monthly, by the 15 th of the following month. There is a penalty for late filing, even if you owe no tax due on the tax return that is filed late.	
Services Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No			These returns must be filed and paid monthly, by the 15 th of the following month. There is a penalty for late filing, even if you owe no tax due on the tax return that is filed late.	
Installment Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No			These payments toward your Income Tax liability are 0.5% of your total turnover that is not subject to withholding tax in the month. These returns must be filed and paid monthly, by the 15 th of the following month.	
Name of Determining Official:			Signature:	Date:	