Guyana Revenue Authority
eServices New/Update Sign-Up

G0019 v2

Fill all relevant values

Taxpayer Information

*1 Taxpayer Identification Number

*2 **If Individual:**

First Name | Last Name

Date of Birth

*3 **If Organisation:**

Organisation Name

*Registration No.

Authorised Person:

First Name | Last Name

*4 Address

Line 1

Line 2

P.O. Box

Country

*5 Roles to be assigned to representative:

☐ Account ☐ Enquiries ☐ Returns ☐ Web User Management
☐ Payments ☐ Registration

*6 Tax Types to be assigned to representative:

☐ Corporation Property Tax ☐ Corporation Tax ☐ Travel Airport Tax ☐ Travel Voucher Tax
☐ Individual Property Tax ☐ Individual Tax ☐ PAYE ☐ VAT ☐ Withholding Tax

Consent

I hereby certify that the information given above is correct and complete, and agree to the terms and conditions set out by the Guyana Revenue Authority's eServices.

I, further authorise the representative named below to use eServices to receive and submit information over the internet from and to the Guyana Revenue Authority (GRA) on my behalf. In the case where the representative is not yet assigned to me, I authorise the Guyana Revenue Authority (GRA) to adjust my registration details to add this representative.

Signature

_____

Effective Date :

Tax Representative/Authorised Accountant

Accounting Firm/Representative

*7 Taxpayer Identification Number

*8 Name

*9 Address

Line 1

Line 2

P.O. Box

Country

Declaration

I hereby declare that the information given above is correct and complete, and agree to the terms and conditions set out by the Guyana Revenue Authority's eServices.

I further declare that I am authorised to use eServices to receive and submit information over the internet from and to the Guyana Revenue Authority (GRA) on behalf of my client.

Signature

_____

Position/Capacity

Date: