



# Kenya Revenue Authority

FORM T.Q. 2C

## APPLICATION FOR TAXPAYER IDENTIFICATION NUMBER FOR COMPANY, PARTNERSHIP, TRUST OR ASSOCIATION (See reverse for instruction) (Please print or type all required information)

(Tick one)

Partnership

Trust

Accounting Period  
Ending Date

Company

Association or Club

...../.....  
Day Month

1. Name of Taxpayer (as registered): .....

2. Physical and Mailing Address of principal headquarters of taxpayer:

PHYSICAL ADDRESS

MAILING ADDRESS

Road: ..... P.O. Box ..... Postal Code .....

City Town: ..... City Town: .....

Location: .....

3. Name of Managing Director or other person(s) authorised to sign tax returns on behalf of the taxpayer:

4. Name, Address, and P.I.N. of Certified Public Accountant / Agent: .....

5. Income Tax File Number(s) if any for this taxpayer: .....

6. PAYE File Number(s) for any and all components of this taxpayer wherever situated: .....

7. Was this taxpayer or predecessor entities ever located in a district other than the one which services it files now?  
Yes ..... No ..... (check one). If yes, please list all names by which it may have been known and other file or PAYE  
file numbers which it may have had in other districts: .....

8. (Tick one) Is he a Resident Taxpayer ..... or Non-Resident Taxpayer .....

9 Do you now employ or intend in the next 12 months to employ others, any of whom will earn more than KSh 1,452 per  
month? Yes ..... No ..... (check one).

10. Are you now exempt from Income Tax? If so cite the authority granting the exemption: .....

11 I, ....., declare that the above is a full and true statement.  
I understand that if any information given above is misleading or incorrect I could be subject to any and all penalties or  
fines that the law may allow to be imposed.

Signature .....

Full Name (print) .....

Address .....

Telephone No. ....

PLACE STAMP OR  
SEAL HERE

This form when completed should be mailed or delivered to:

Domestic Taxes Department,  
Times Tower  
Haile Selassie Avenue  
P.O. Box 30742-00100  
NAIROBI.

## INSTRUCTIONS FOR FORM T.Q. 2C

**Item 1**

Provide the full name of the taxpayer as registered. If not registered provide the name as known to the public.

**Item 2**

Provide physical and mailing address. Physical address is the street location, house number if any, and city or town.

**Item 3**

The name provided here should be the same person authorised by the company to sign its tax returns and this statement.

**Item 5**

If this taxpayer or any part thereof has or had other income tax file numbers list these here. Please list any such numbers which this taxpayer or predecessor entities had in the present district, any other name(s) by which it may have been known. (See 7 below for definition of "predecessor entity").

**Item 6**

We will shortly require that any and all PAYE records for this taxpayer should be consolidated under one file number. Therefore, list here all PAYE file numbers for this entity or any pay point, office or sub-office possessing a separate number.

**Item 7**

If this taxpayer or any predecessor entity (e.g. a company, partnership or other business bought by the taxpayer or merged or amalgamated therewith), did at any time have a tax file in another district, please tick **YES** and indicate same by giving the file number here, even if you have been advised that such number or file is now dormant or terminated.

**Item 9**

A YES to this answer will mean that we will automatically provide you with the Employers PAYE forms package.

**Item 10**

If exemption from income tax is claimed, complete this item by citing the full authority and document providing such exemption.

**Item 11**

A person listed in line three should sign this document on behalf of the taxpayer and place the taxpayers stamp or seal if any, thereon at the place indicate for same.

Mail or deliver this completed application to the address shown below. If all information is satisfactory you shall receive a Personal Identification Number which you must thereafter place on all documents, payments or other papers as required by the Commissioner. Failure to complete this application completely and truthfully may subject the person or persons responsible to fine, penalty or both. If you do not receive a certificate bearing your P.I.N. within three months of submission of this application you may assume the information you submitted was incomplete or incorrect and must re-apply.

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P.I.N. Unit  
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Or deliver to:

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