



## Package E

### TIN Application Form – Non-Profit/ Not-For-Profit Organization



(Do not use this form for any For-Profit business or organization)

#### Section 1 – General Information

<b>1. What type of organization are you applying for?</b> <i>(Select only one value)</i>	
<input type="checkbox"/> Charity <input type="checkbox"/> NGO <input type="checkbox"/> Embassy or Foreign Government sponsored Organization <input type="checkbox"/> Non-Profit Foundation	<input type="checkbox"/> Government organization <input type="checkbox"/> Non-profit Association <input type="checkbox"/> Donor Organization <input type="checkbox"/> Church
<b>2. Does the organization already have a TIN?</b>	<b>3. Are you applying for a second TIN for the same organization?</b>
<input type="checkbox"/> Yes → <i>enter your current TIN:</i> _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes → <i>State the reason:</i> _____ _____ <input type="checkbox"/> No

#### Section 2 – Taxpayer Contact Information

<b>4. Is this an international organization?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5. Organization Name</b>		<b>6. Operating Name</b> <i>(if different from Organization Name)</i>	
<b>7. Preferred Language of Correspondence</b> <i>(check only one box)</i>		<input type="checkbox"/> Tetun <input type="checkbox"/> Portuguese	<input type="checkbox"/> English <input type="checkbox"/> Indonesian
<b>8. Organization Contact Information</b> <i>(include corresponding map proving the address)</i>			
8a. Street No.	8b. Street Name/PO Box	8c. Door/Apartment No.	8d. City/Village
8e. Sub-District	8f. District	8g. Country	8h. Zone <i>(for Dili only, circle one)</i> A      B      C      D
8i. Primary Phone Number	8j. Other Phone Number	8k. Fax Number	8l. Email Address
8m. For official correspondence, do you prefer using the Email Address you provided or the physical Mailing Address?			
<input type="checkbox"/> Email Address <i>(from Question 8l)</i>		<input type="checkbox"/> Mailing Address	
<b>9. Director or Permanent Representative in Timor-Leste responsible for filing and payment of all taxes for the organization</b> <i>The Director or Representative has to be an individual (natural person) living in Timor-Leste and cannot be a business. A Timor-Leste TIN is mandatory for the Director or Permanent Representative.</i>			
- <i>If he/she is a citizen of Timor-Leste and does not have a Timor-Leste TIN, then</i> → <i>Complete a Package C form</i> - <i>If he/she is not a citizen of Timor-Leste and does not have a Timor-Leste TIN, then</i> → <i>Complete a Package F form</i>			
9a. TIN <i>(mandatory)</i>	9b. Family Name	9c. First Name	9d. Title/Position
9e. Primary Phone Number	9f. Other Phone Number	9g. Fax Number	9h. Email Address

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

10. Other than the primary address, do you have locations in Timor-Leste where you are conducting business/operations?				
<input type="checkbox"/> Yes → <i>List all other addresses below</i> <span style="float: right;"><input type="checkbox"/> No</span> <i>(include corresponding map proving the address)</i>				
1	10a. Trade/Operating Name	10b. Street No.	10c. Street Name/PO Box	10d. Door/Apartment No.
	10e. City/Village	10f. Sub-District	10g. District	10h. Zone <i>(for Dili only, circle one)</i> <b>A      B      C      D</b>
2	10a. Trade/Operating Name	10b. Street No.	10c. Street Name/PO Box	10d. Door/Apartment No.
	10e. City/Village	10f. Sub-District	10g. District	10h. Zone <i>(for Dili only, circle one)</i> <b>A      B      C      D</b>
3	10a. Trade/Operating Name	10b. Street No.	10c. Street Name/PO Box	10d. Door/Apartment No.
	10e. City/Village	10f. Sub-District	10g. District	10h. Zone <i>(for Dili only, circle one)</i> <b>A      B      C      D</b>
4	10a. Trade/Operating Name	10b. Street No.	10c. Street Name/PO Box	10d. Door/Apartment No.
	10e. City/Village	10f. Sub-District	10g. District	10h. Zone <i>(for Dili only, circle one)</i> <b>A      B      C      D</b>
5	10a. Trade/Operating Name	10b. Street No.	10c. Street Name/PO Box	10d. Door/Apartment No.
	10e. City/Village	10f. Sub-District	10g. District	10h. Zone <i>(for Dili only, circle one)</i> <b>A      B      C      D</b>
6	10a. Trade/Operating Name	10b. Street No.	10c. Street Name/PO Box	10d. Door/Apartment No.
	10e. City/Village	10f. Sub-District	10g. District	10h. Zone <i>(for Dili only, circle one)</i> <b>A      B      C      D</b>
7	10a. Trade/Operating Name	10b. Street No.	10c. Street Name/PO Box	10d. Door/Apartment No.
	10e. City/Village	10f. Sub-District	10g. District	10h. Zone <i>(for Dili only, circle one)</i> <b>A      B      C      D</b>
8	10a. Trade/Operating Name	10b. Street No.	10c. Street Name/PO Box	10d. Door/Apartment No.
	10e. City/Village	10f. Sub-District	10g. District	10h. Zone <i>(for Dili only, circle one)</i> <b>A      B      C      D</b>
9	10a. Trade/Operating Name	10b. Street No.	10c. Street Name/PO Box	10d. Door/Apartment No.
	10e. City/Village	10f. Sub-District	10g. District	10h. Zone <i>(for Dili only, circle one)</i> <b>A      B      C      D</b>

### Section 4 – Description of Activities

<b>11. Date Organization Started or was acquired:</b> (dd/mm/year)  ____/____/____	<b>12. Describe the primary activity of your organization:</b> _____ _____ _____												
<b>13. Is the organization already, or does it expect to become, a contract vendor for any Ministry or other Agency of the Government of Timor-Leste?</b>	<input type="checkbox"/> Yes → Indicate your Government Vendor ID No. V _____ <input type="checkbox"/> No												
<b>14. Will the organization have employees? If yes, when will (or did) the business first pay wages to employees?</b>	<input type="checkbox"/> Yes → starting when? Month _____ Year _____ <input type="checkbox"/> No												
<b>15. Will there be a manager, supervisor or any employee earning more than \$500 per month?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<b>16. Will there be any non-resident employees?</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px dotted black;"> <input type="checkbox"/> Yes → If you are an Embassy or Foreign sponsored Organization, do you believe your non-resident employees are exempted by Timor-Leste law from paying Wages Income Tax?         </td> <td style="width: 20%; border-bottom: 1px dotted black; text-align: center;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> No         </td> </tr> </table>	<input type="checkbox"/> Yes → If you are an Embassy or Foreign sponsored Organization, do you believe your non-resident employees are exempted by Timor-Leste law from paying Wages Income Tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No									
<input type="checkbox"/> Yes → If you are an Embassy or Foreign sponsored Organization, do you believe your non-resident employees are exempted by Timor-Leste law from paying Wages Income Tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<input type="checkbox"/> No													
<b>17. How many resident and non-resident employees will you have?</b>	Number of resident employees? _____ Number of non-resident employees? _____												
<b>18. What is the highest number of employees (non-resident and resident) the organization expects to have in the first year of operation?</b>	_____ employees												
<b>19. Will the organization be paying rent for land, buildings, or apartments?</b>	<input type="checkbox"/> Yes → How much is the monthly rent? USD _____ <input type="checkbox"/> No → go to Question 22												
<b>20. To whom will the rent be paid?</b> (company or individual name and address)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">20a. Name: _____</td> </tr> <tr> <td style="width: 60%;">20b. Street No.</td> <td colspan="2">20f. Sub-District</td> </tr> <tr> <td colspan="2">20c. Street Name/PO Box</td> <td>20g. District</td> </tr> <tr> <td style="width: 20%;">20d. Door/ Apartment No.</td> <td style="width: 40%;">20e. City/Village</td> <td style="width: 40%;">20h. Zone (for Dili only, circle one) A    B    C    D</td> </tr> </table>	20a. Name: _____			20b. Street No.	20f. Sub-District		20c. Street Name/PO Box		20g. District	20d. Door/ Apartment No.	20e. City/Village	20h. Zone (for Dili only, circle one) A    B    C    D
20a. Name: _____													
20b. Street No.	20f. Sub-District												
20c. Street Name/PO Box		20g. District											
20d. Door/ Apartment No.	20e. City/Village	20h. Zone (for Dili only, circle one) A    B    C    D											
<b>21. When will the organization first pay this rent?</b>	Month _____ Year _____												
<b>22. Will the organization engage any company to do construction or building activities?</b>	<input type="checkbox"/> Yes → starting when? Month _____ Year _____ <input type="checkbox"/> No												

### Section 5 - Supporting Documents

**23. Have you included all supporting documents? Check all appropriate boxes.**

- A copy of the Registration Certificate issued by the Minister of Justice for non-profit organizations. If it is determined you are a for-profit organization, you must submit a **Package D** to SERVE to apply for a TIN.
- If the organization is an Embassy or Foreign government sponsored Non-Profit organization:  
→ A letter of Authorization from the appropriate officials
- Does the Director or Representative have a Timor-Leste TIN (*Question 9*)?  
→ If yes, then include a copy of NDDR prints showing his/her name and TIN  
→ If not, then:  
→ If the Director or Representative is a citizen of Timor-Leste, include a **Package C** TIN Application form  
→ If the Director or Representative is not a citizen of Timor-Leste, include a **Package F** TIN Application form
- Map identifying the location of each establishment of this TIN
- Copy of every open contract with the Government of Timor-Leste (if applicable)
- The number of non-resident employees is: \_\_\_\_\_  
→ For each non-resident employee that does not have a TIN from Timor-Leste, include a **Package C** TIN Application form

### Section 6 - Taxpayer Certification

I, \_\_\_\_\_ (*name of official Representative*)  
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 Taxpayer official Representative:

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](http://www.mof.gov.tl), tab 'Taxation'. If you need more assistance, contact the nearest office of the National Directorate of Domestic Revenue, as appropriate.**

### FOR OFFICIAL USE ONLY

**Approved**     →    TIN Registered: \_\_\_\_\_

**Rejected**     →    Reason: \_\_\_\_\_

Tax Centre Assigned to (*check only one*):

Dili

Baucau

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
<b>Wages Tax</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			These returns must be filed and paid monthly, by the 15 <sup>th</sup> 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.
<b>Withholding Tax</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			These returns must be filed and paid monthly, by the 15 <sup>th</sup> 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.

Name of Determining Official:

Signature:

Date: