



# Belize Tax Service

## IBC ANNUAL INFORMATION RETURN



**For Official Use Only**  
Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

**BTS1501**

### PART 1 - TAXPAYER INFORMATION

Complete all applicable sections and where necessary.

If a section does not apply, kindly indicate "Not applicable" or N/A in the space provided.

Name of Entity: _____	<b>Tax Identification Number:</b>	
Tax Registration number(Tax Residence): _____	Tax Period Year: _____	
Location of Entity (Tax Residence): _____		

### PART 2 - Details of Controlling Persons

#### Directors

Name	Address	Jurisdiction of Tax	Email Address

#### Shareholder(s)

Name	Address	Jurisdiction of Tax	Email Address	% of Shares

#### Corporate Shareholder(s)

Name	Address	Jurisdiction of Tax	Email Address	% of Shares

### PART 3 - Ultimate Beneficial Owner

#### Ultimate Beneficial Owner(s)

Name	Address	Jurisdiction of Tax	Email Address	% of Shares

I certify that the particulars set out in this form are true and correct to the best of my knowledge, information and belief.

Name: \_\_\_\_\_  
Position: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_