



Revenue Collection Division

# REGISTRATION OF PROMOTERS FOR PERFORMERS/ARTISTS

Tax Identification Number (T.I.N.):

Name of Promoter(s):   
(State respective TIN's if more than one)

Postal Address:

Residential Address:

Telephone No.:   
Fax No.:

Are you registered for tax purposes? Yes:  No:

If "Yes" to the above, please state your T.I.N.

Have you been engaged in this line of activity previously? Yes:  No:

If "Yes" please provide details

Under what promotional name will the artist(s) perform?

What are the expected gross proceeds from this tour? \$

Is there an executed contract/agreement between the promoter and the artist(s)? Yes:  No:

If "Yes" attach a copy otherwise, state the conditions under which the show(s) will be undertaken, below.

## DECLARATION

I declare that the particulars on this document are to the best of my knowledge, true and correct

Name:

Signature:

Title/Position:

Date:

(indicate whether Promoter or Agent)



# PROMOTER'S RETURN FOR PERFORMERS/ARTISTS

# A

Revenue Collection Division

What amount if any is payable by each sponsor (If any)?

Sponsor	Amount Payable

Enter details below of the gross amounts payable to each performer/support person.

Artist/Support Person	T.I.N.	Gross Amount

Have there been any up-front payments to the artist(s) or support personnel? Yes:  No   
If "Yes", enter the details below and attach supporting evidence of payments.

Artist/Support Person	T.I.N.	Amount Paid	Date Paid

*(Please continue on separate sheet if necessary)*

## DECLARATION

I declare that the particulars on this document are to the best of my knowledge, true and correct

Name:

Signature:

Title/Position:

Date:

(indicate whether Promoter or Agent)

**IT IS A SERIOUS OFFENCE TO MAKE A FALSE STATEMENT TO THE COMMISSIONER**

## OFFICE USE ONLY

Stamp Here

DATA ENTRY :

ASSESSOR :

CHECKER :

BATCH NO. :

RETURN NO. :