



GOVERNMENT OF
THE BAHAMAS

Ministry of Finance

DMTT Notification

(DMTT – 24)

Form DMTT-24 instructions are available at <https://www.gov.bs/dmtt>

Part A: Entity that is part of a MNE group for DMTT purposes

<p>1 Name of the Bahamas Entity:</p> <p>Enter your Taxpayer Identification Number (TIN). If you do not have a TIN, leave this field blank:</p> <p>Provide the most relevant International Standard Industry Code (ISIC) for the Entity:</p> <p>Please provide the start and end dates of the MNE Group's first Fiscal Year during which the entity falls within the scope of the DMTT Act:</p> <p>4.a Start Date:</p> <p>4.b End Date:</p> <p>5 Annual revenue for the Fiscal Year indicated at Question 4:</p> <p>5.a Reporting Currency:</p> <p>5.b Amount:</p> <p>6 Is the Entity included in the MNE Group's Country-by-Country Reporting and is the Entity included in The Bahamas' CbC notification?</p> <p>7 Entity Address Details:</p> <p>7.a Street Address:</p> <p>7.b City:</p> <p>7.c Island</p> <p>7.d Postal Code:</p> <p>7.e Country:</p> <p>8 Contact Details:</p> <p>8.a Contact Name:</p> <p>8.b Position:</p> <p>8.c Email Address:</p> <p>8.d Phone Number:</p> <p>9 Type of Entity:</p> <p>10 If the Entity is an Excluded Entity, please confirm type of exclusion:</p>	<input type="text"/> <input type="text"/> <input type="text"/> <p>4 Please provide the start and end dates of the MNE Group's first Fiscal Year during which the entity falls within the scope of the DMTT Act:</p> <p>4.a Start Date: <input type="text"/></p> <p>4.b End Date: <input type="text"/></p> <p>5 Annual revenue for the Fiscal Year indicated at Question 4:</p> <p>5.a Reporting Currency: <input type="text"/></p> <p>5.b Amount: <input type="text"/></p> <p>6 Is the Entity included in the MNE Group's Country-by-Country Reporting and is the Entity included in The Bahamas' CbC notification?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7 Entity Address Details:</p> <p>7.a Street Address: <input type="text"/></p> <p>7.b City: <input type="text"/></p> <p>7.c Island: <input type="text"/></p> <p>7.d Postal Code: <input type="text"/></p> <p>7.e Country: <input type="text"/></p> <p>8 Contact Details:</p> <p>8.a Contact Name: <input type="text"/></p> <p>8.b Position: <input type="text"/></p> <p>8.c Email Address: <input type="text"/></p> <p>8.d Phone Number: <input type="text"/> <input type="text"/></p> <p>Country Code (e.g. +1, +44, +91); Enter your contact number Example: 242-555-2671</p> <p>9 Type of Entity:</p> <p><input type="checkbox"/> Bahamas Tax Resident Entity</p> <p><input type="checkbox"/> Bahamas Permanent Establishment</p> <p>10 If the Entity is an Excluded Entity, please confirm type of exclusion:</p> <p><input type="checkbox"/> Governmental Entity</p> <p><input type="checkbox"/> International Organization</p> <p><input type="checkbox"/> Non-profit Organization</p> <p><input type="checkbox"/> Pension Fund</p> <p><input type="checkbox"/> Investment Fund that is an Ultimate Parent Entity</p> <p><input type="checkbox"/> Real Estate Investment Vehicle that is an Ultimate Parent Entity</p> <p><input type="checkbox"/> The 95% Test</p> <p><input type="checkbox"/> The 85% Test</p> <p><input type="checkbox"/> Not applicable</p>
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Part B: Ultimate Parent Entity ("UPE") Details

1 Is Bahamian Entity the UPE? Yes No

2 Full name of the UPE of the Multinational Enterprise ("MNE") Group in which the Bahamas Constituent Entity is a member:

3 Consolidated group revenue for the Fiscal Year indicated at question 4 in Part A:

3.a Reporting Currency

3.b Amount

4 UPE Tax Residency:

5 UPE Address Details:

5.a Street Address:

5.b City:

5.c Parish/State:

5.d Postal Code:

5.e Country:



Part C: Reporting Entity Details

1 Where the MNE Group is required to submit a prescribed Globe Information Return ("GIR"), what type of entity is doing so?

- UPE
- Designated filing entity
- N/A

2 Full name of the GIR filing entity

3 GIR filing entity tax residency:

3.a Same as UPE?

- Yes
- No

3.b Country

4 Reporting entity address details:

4.a Same as UPE?

- Yes
- No

4.b Street Address

4.c City

4.d Parish/State

4.e Postal Code

4.f Country



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Part D: Consent For Information Sharing

By submitting this form, the Company consents to the collection, processing, and disclosure of its Taxpayer Identification Number (TIN) and other relevant details for tax compliance and regulatory purposes. This information may be shared with tax authorities, financial institutions, or authorized third parties as required by law, with appropriate safeguards to ensure confidentiality and security.

Part E: Declaration

"I declare that I have examined this form (including any accompanying attachments) and, to the best of my knowledge and belief, they are true, correct, and complete.

I further declare that I am authorized to make this notification on behalf of the Filing Bahamas Entity."

Name:

Signature:

Email Address:

Title:

Date:

PRINT

SUBMIT