FCT-IRS
FEDERAL CAPITAL TERRITORY
Internal Revenue Service

Form B02

Tax Clearance Certificate Application Form

For Individual Taxpayer

FCT-IRS TIN

Please complete this form in CAPITAL letters

SECTION 0NE: PERSONAL INFORMATION

Name

First Name | Middle Name | Surname

Employer/Self Employed

Residential/Office Address:

House/Plot No. | Street/Avenue/Road or Others

Town/District | Area Council | FCT

Nationality | Occupation/Profession | Contact Telephone No(s).

e-mail

SECTION TWO: STATEMENT OF INCOME FOR THE THREE PRECEDING YEARS

ASSESSMENT YEAR	2015	2016	2017
(i) **Trade, Business, Profession, Vocation etc** ..... N			
(ii) **Employment:**			
Salary/Wages ..... N			
Commissions, Bonuses, Management Fee etc ..... N			
Director's Fees or Allowances ..... N *Attach details of each payment on your behalf)*			
(iii) **Pension From** ..... N			
Annuity From ..... N			
Gratuities ..... N *(State name and address of the payer)*			
(iv) **Income received in or brought into Nigeria from all sources outside Nigeria** ..... N			
(v) **Dividends from Nigerian Companies** ..... N			
Dividends from outside the Country ..... N *(Enter the gross amount before tax deduction)*			
(vi) **Interest** ..... N *(Attach a list giving details of each source and the gross income received therefrom)*			
(vii **Rents** ..... N *(Attach a list showing for each property, the amount of gross and other expenses) Rent & or premium received therefrom with rates*			
(vii **Income in respect of other profits arising from sources not included above** ..... N *(Attach details of each source and the income therefrom)*			
TOTAL ANNUAL INCOME ..... N			
Less:			
- Dividends ..... N			
- Interest Income ..... N			
GROSS INCOME ..... N			
Less:			
- Consolidated tax-relief of N200,000 or 1% of Gross Income, which ever is higher .... N			
- Plus 20% of Gross Income ..... N			
- Pension ..... N			
- life Assurance ..... N			
- National Housing Fund ..... N			
- Gratuity ..... N			
- Others ..... N			
Taxable/Chargeable Income ..... N *Apply related tax rates*			
Tax Due/Payable ..... N			

Date of Application _____ Signaure of Taxpayer _____