Tax Clearance Certificate Application Form

| Fo | FCT-IRS TIN | | | | | | | | | |
|---|--|------------------|-------------------|----------------------|------------------------|-----|---|----|-----|-----|
| | | Please comp | olete this for | m in CAPITAL letters | ; | | | | | |
| SECTION ONE: PERSONA | L INFORMATIO | V | | | | | | | | |
| Name | | | | | | | | | | |
| | | | | | | | | | | |
| First Name Middle Na | | | Middle Name | Э | Surname | | | | | |
| | ı | | | | | | | Ì | | |
| Employer/Self Employed | | | | | | | | | | |
| | | 1 | | | | | | | | · |
| Residential/Office Address: | | | | | | | | | | |
| 1 | House/Plot No |). S | Street/Avenu I | ue/Road or Others | | | 1 | | | 1 |
| | | | | | | | | | | |
| Town/District | | | | Area Cour | ncil I | | F | СТ | | . 1 |
| Netionality 2 | | | | | | | | | | |
| Nationality | | Occupation/Pro | tession | | Contact Telephone No(s | .). | | | | 1 |
| e-mail | | | | | | | | | | |
| SECTION TWO: STATEME | NT OF INCOME | FOR THE TH | REE PREC | CEDING YEARS | | | | | | |
| | | ASSESSMENT | YEAR | 2017 | 2018 | | | 20 | 019 | |
| | | | | | | | | | | |
| (i) Trade, Business, Profe | ession, Vocation | etc | N _ | | | | | | | |
| (ii) Employment: | | | | | | | | | | |
| Salary/Wages | | | N | | | | _ | | | |
| Commissions, Bonuses, | | | | | | | | | | |
| | | | | | | | | | | |
| Director's Fees or Allowa | ances | | N | | <u> </u> | | | | | |
| Attach details of each paym | nent on your benait |) | | | | | | | | |
| (iii) Pension From | | | N | | | | | | | |
| Annuity From | | | | | | | | | | |
| Ainuity From | | | | | <u> </u> | | | | | |
| Gratuities | | | N | | <u> </u> | | | | | |
| (State name and address of (iv) Income received in or I | of the payer) | ioria | | | | | | | | |
| ` ' | - | | | | | | | | | |
| from all sources outside NigeriaN | | | | | | | | | | |
| (v) Dividends from Nigerian Companies | | | N | | | | | | | |
| | | | | | | | | | | |
| Dividends from outside the Country | | | | | | | | | | |
| (vi) Interest | | | | | | | | | | |
| (vi) Interest (Attach a list giving details of | ot each source and | | | | | | | | | |
| gross income received there | | • | | | | | | | | |
| (vii Rents | | | N | | | | | | | |
| (Attach a list showing for ea | ach property, the ar | nd | | | | | | | | |
| other expenses) Rent & or premium received therefrom with rates | | | | | | | | | | |
| (vii Income in respect of of | tner profits arisi | ng | | | | | | | | |
| from sources not inclu | | | N | | | | | | | |
| (Attach details of each sour | rce and the income | therefrom) | | | | | | | | |
| TOTAL | ANNUAL INCOMI | = | N | | | | | | | |
| Less: | . ANNUAL INCOM | | IN _ | | | | | | | |
| | ividends | | N | | | | _ | | | |
| - Int | terest Income | | | | | | | | | |
| | | | | | | | | | | |
| | S INCOME | | N | | | | | | | |
| Less: | onsolidated tax-reli | of of Nano ooo o | | | | | | | | |
| | onsolidated tax-reli Gross Income, whic | , | | | | | | | | |
| | | • | - | | | | | | | |
| - Plus 20% of Gross Income | | | | | | | | | | |
| - Pension | | | - | | ; <u></u> | | | | | |
| - life Assurance | | | - | | | | | | | |
| - National Housing Fund | | | N _ | | <u> </u> | | | | | |
| - Gratuity | | | | | | | | | | |
| - Ot | thers | | | | | | | | | |
| Tavahla | e/Chargeable Inco | me | NI | | | | | | | |
| Annly re | e/Cnargeable inco elated tax rates | ,,,,e | IN _ | | <u> </u> | | | | | |
| , ipply to | | | | | | | | | | |
| Tax Du | e/Payable | | N | | | | | | | |
| Detect A Production | | | | | | | | | | |
| Date of Application | | | | Signa | ure of Taxpayer | | | | | |