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	2020	2021	2022
(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 _____