		FCT FEDERAL CAP INTERNAL RE	-IR	S RY ICE		Form B02
Tax Clear	anceCertificate Applicatio	n Form	C	Quote your FCT-IR	S TIN here	
PART ONE: PERSONAL INFORMATION	Please complete this form	n in CAPITAL letter	s	-		
First Name	Middle Name	9		Surname		
Employer/Self Employed						
Residential Address			2			
I	House/Plot No.		Street/Aven	ue/Road or Other	S	Γ
Town/District	Area Council		 	FCT		ı
Nationality	Occupation/F	Profession		Contact Te	ephone No(s).	
e-mail						
PART TWO: STATEMENT OF INCOME F	OR THE THREE PRECEDING ASSESSMENT YEAR	YEARS	2022	2	023	2024
 (i) Trade, Business, Profession, Vocation e Attach copies of Accounts for the Year Ended 31s 	tc	N				
(ii) Employment: Salary/Wages		N				
Commissions, Bonuses etc						
Allowances Attach details of each allowances paid on your be		N				·
(iii) Pension From		. N				
Annulty From		Ν				
Gratuities						
(iv) Income received in or brought into Niger from all sources outside Nigeria		N				
(v) Dividends from Nigerian Companies						
Dividends from outside the Country						
(Enter the gross amount before tax deduction) (vi) Interest		N				
gross income received therefrom) (vii Rents (Attach a list showing for each property, the amou		N				
other expenses) Rent & or premium received ther (vii Income in respect of other profits arising from sources not included above	1	N				
(Attach details of each source and the income the						
Less	ME INCOME					
	n					
	al Housing Fund					
	y ses					
	553	N				
Less	ME (NET)					
	lidated tax-relief of N200,000 or 1% ss Income, whichever is higher					
Plus 2	0% ofgross Income	N				
Taxable/Char Apply related	geable Income tax rates	N				
Tax Due/Pav	able	N				
Date of Application			e of Taxpayer			