

Tax Clearance Certificate Application Form

For Enterprise/Business Name

Please complete this form in CAPITAL letters

SECTION ONE: DETAILS OF ENTERPRISE/BUSINESS NAME

 FCT-IRS TIN
 | | | | | | | | | | | | | | | | | | | | | |

Business Name		
DD	MM	YYYY
Date of Registration	Business Number (BN)	Nature of Service/Business

Business Address:

House/Plot No.	Street/Avenue/Road or Others		
Town/District	Area Council	FCT	
Name of Business Owner/Partner	Contact Telephone No(s).		

 e-mail
 | | | | | | | | | | | | | | | | | | | | | |

SECTION TWO: STATEMENT OF INCOME FOR THE THREE PRECEDING YEARS

ASSESSMENT YEAR	2022	2023	2024
(i) Partnerships: Venture, Share, Gain etc. N	_____	_____	_____
(ii) Business Income N	_____	_____	_____
(iii) Rent N	_____	_____	_____
(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 <i>(Enter the gross amount before tax deduction)</i>	_____	_____	_____
(vi) Interest N <i>(Attach a list giving details of each source and the gross income received therefrom)</i>	_____	_____	_____
(vii) Income in respect of other profits arising from sources not included above N <i>(Attach details of each source and the income therefrom)</i>	_____	_____	_____
TOTAL ANNUAL TURNOVER N	_____	_____	_____
Less:			
- Total Expenses.....N	_____	_____	_____
GROSS INCOME N	_____	_____	_____
Less:			
- Consolidated tax-relief of N200,000 or 1% of Gross Income, whichever is higher N	_____	_____	_____
- Plus 20% of Gross IncomeN	_____	_____	_____
- Others..... N	_____	_____	_____
Taxable/Chargeable IncomeN <i>Apply related tax rates</i>	_____	_____	_____
Tax Due/PayableN	_____	_____	_____

Date _____

Signature of Taxpayer _____