Form No. [ ]

LAGOS STATE GOVERNMENT
BOARD OF INTERNAL REVENUE
THE GOOD SHEPHERD BUILDING
BLOCK H, PLOT H1, CENTRAL BUSINESS DISTRICT
OPPOSITE LAGOS STATE SECRETARIAT MAIN GATE, ALAUSA
IKEJA, LAGOS STATE
www.lasg-ebs-rcm.com

Individual Data Input e-TCC Form
Supply All Information in Ink and in Block Letters

INDIVIDUAL INFORMATION (To be supplied by the Taxpayer)

1	Surname	
2	First Name	
3	Middle Name	
4	Date of Birth	[ ][ ] - [ ][ ] - [ ][ ][ ][ ] DD/MM/YYYY
5	Title	[ ][ ][ ][ ][ ] (Mr, Mrs, Miss, Chief, Dr, Alhaji etc)
6	Sex	Male ☐ Female ☐
7	Marital Status	Single ☐ Married ☐ Separated ☐ Widow ☐ Widower ☐ Divorced ☐
8	Taxpayer ID	[ ][ ][ ][ ][ ] Bank Verification No. (BVN) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
9	House/Flat No.	[ ][ ][ ][ ][ ]
10	Street Name	
11	Town/Area	[ ][ ][ ][ ][ ][ ] LGA/LCDA [ ][ ][ ][ ][ ][ ][ ][ ][ ]
12	State	
13	National ID NO	
14	Mobile Phone No	
15	Nationality	
16	Tax Station Name	
17	Employment Type	Employee ☐ Contract ☐ Political Appointee ☐ Self Employed ☐ Tick as Appropriate
18	Occupation	
19	Profession	
20	Maiden Name	

Income And Tax Paid for the Last Three Years..

		Year 1	Year 2	Year 3
21	Income Year	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ]
22	Income			
23	Tax Paid			
24	Signature and Date		

I certify that the Taxpayer referred above has met all requirements necessary for the processing of his/her Electronic Tax Clearance Certificate (e-TCC)

25	Authorised Coy Rep. (e.g. Accountant)	
26	Signature and Date	
27	Authorised by (e.g. Head Tax Station)	
28	Signature and Date	

Affix your passport photograph here with gum only Please do not staple

29	Email Address																										
30	State of Origin																										
31	Company Name																										
32	Company Branch																										
33	Company Address																										
34	Web Address																										
35	Official Position																										
36	International passport No																										
37	Alien Registration No																										

From.................................. To.................................

38	Names and addresses of previous Employers																										

From.................................. To.................................

39	If Married State Spouse's Name																										
40	Spouse's Occupation																										
41	Spouse's Business or Employment Address																										