



No:

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

ORGANISATION DATA INPUT/c-TCC RENEWAL FORM

INSTRUCTIONS: All information should be filled in ink and in CAPITAL letters, no abbreviation is allowed. Entries should not spill into a neighbouring block and MUST NOT exceed the total number of boxes provided. For fields with multiple choices, a value must be chosen from the available options to the right of the fields.

ORGANISATION CUSTOMER INFORMATION -----

1	PAYER IDENTIFICATION NO	<input type="text"/>
2	FULL BUSINESS NAME	<input type="text"/>
3	NO OF NIGERIAN STAFF	<input type="text"/>
4	NO OF EXPATRIATE STAFF	<input type="text"/>

AUDIT LIABILITY FOR THE LAST ONE YEAR -----

5	YEAR	<input type="text"/>
	TAX LIABILITY	<input type="text"/>
	TAX PAID	<input type="text"/>

AUTHORISED CONTACT PERSON OF THE COMPANY -----

6	CONTACT PERSON'S PAYER ID	<input type="text"/>
7	FULL NAME	<input type="text"/>

AUTHORISED CONTACT PERSON DECLARATION -----

I hereby agree to abide by all applicable rules and regulations in effect currently and in future.

8	AUTHORISED PERSON SIGNATURE AND DATE	<input type="text"/>
---	--------------------------------------	----------------------



2 352146 489163

