

No:



LAGOS STATE GOVERNMENT
MINISTRY OF FINANCE
BOARD OF INTERNAL REVENUE
 BLOCK 19, PERMANENT SECRETARIAT
OBAFEMI AWOLowo WAY, IKEJA , LAGOS
 TEL:7926901. WEBSITE: www.lasg-ebs-rcm.com

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

INCOME TAX FORM FOR RETURN OF INCOME, CLAIMS FOR ALLOWANCES AND RELIEFS (ABRIDGED FORM A/m-TCC FORM)

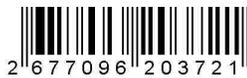
INSTRUCTIONS: All information should be filled in ink and in CAPITAL letters, no abbreviation is allowed. Entries should not spill into a neighbouring block and MUST NOT exceed the total number of boxes provided. For fields with multiple choices, a value must be chosen from the available options to the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

PERSONAL PARTICULARS APPLICABLE FOR THE YEAR ENDED 20 _____

1	FULL NAME	<input type="text"/>									
2	TITLE	<input type="text"/>					[MR, MRS, MISS, DR, CHIEF, ALHAJI, REV]				
3	MARITAL STATUS	SINGLE <input type="checkbox"/>			MARRIED <input type="checkbox"/>			SEPARATED <input type="checkbox"/>			
		WIDOW <input type="checkbox"/>			WIDOWER <input type="checkbox"/>			DIVORCED <input type="checkbox"/>			
4	DATE OF BIRTH	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	[DD-MMM-YYYY] (10-Jan-2003)				
5	RESIDENTIAL ADDRESS	<input type="text"/>									
		<input type="text"/>									
		<input type="text"/>									
6	NATIONALITY	<input type="text"/>					eg. NIGERIAN				
7	ADDRESS OF BUSINESS OR EMPLOYMENT	<input type="text"/>									
		<input type="text"/>									
		<input type="text"/>									
8	OCCUPATION	<input type="text"/>									
9	RESIDENCE AS 1ST JAN AT <u>20</u> _____	<input type="text"/>									
		<input type="text"/>									
		<input type="text"/>									

SPOUSE INFORMATION _____

10	SPOUSE NAME	<input type="text"/>									
11	SPOUSE DATE OF BIRTH	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	[DDD-MMM-YYYY] (10-JAN-1979)				



2 677096 203721

No.

12

SPOUSE OCCUPATION

13

SPOUSE BUSINESS OR
EMPLOYMENT ADDRESS

CHILDREN INFORMATION -----

14

NO OF CHILDREN

e.g. 4

INCOME AND TAX OF THE PREVIOUS YEARS -----

15

YEAR 1

YEAR 2

YEAR 3

INCOME (=N=)

TAX PAID (=N=)

PENALTY FOR DEFAULT -----

Please note that in accordance with the relevant laws, making false statements and returns or unlawful refusal/neglect to pay tax will attract up to five (5) years imprisonment.

DECLARATION (TO BE COMPLETED AND SIGNED) -----

I..... hereby declare that the information supplied in this form contains a true and correct statement of the amount of my income from all sources.

16

SIGNATURE and DATE

17

NAME OF HEAD OF TAX
STATION

18

SIGNATURE OF HEAD
OF TAX STATION

FOR m-TCC OFFICIAL ONLY (BIR AUTHORISED SIGNATORY) -----

19

AUTHORISED BY

20

SIGNATURE AND
DATE



9 677096 203755