

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-ebs-rcm.com**

**ORGANISATION DATA INPUT/c-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.*

**ORGANISATION CUSTOMER INFORMATION** -----

1	FULL BUSINESS NAME	<input type="text"/>
2	ADDRESS	<input type="text"/>
3	COMPANY STATUS	PARENT COMPANY <input type="checkbox"/> BRANCH <input type="checkbox"/> DIVISION <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/>
4	HEAD OFFICE ADDRESS	<input type="text"/>
5	COMPANY REG. NO	<input type="text"/>
6	YEAR OF INCORPORATION	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [YYYY] (e.g. 2001)
7	COMPANY CLASS	PUBLIC QUOTED <input type="checkbox"/> PUBLIC UNQUOTED <input type="checkbox"/> PRIVATE LIMITED <input type="checkbox"/> PRIVATE UNLIMITED <input type="checkbox"/> REGISTERED BUSINESS <input type="checkbox"/> GOVT. PARASTATAL <input type="checkbox"/> <span style="border: 1px solid black; padding: 2px;">Tick as appropriate</span>
8	TOTAL NO. OF BRANCHES (if Head Office)	<input type="text"/>
9	EXPATRIATE QUOTA	<input type="text"/>
10	NO. OF EXECUTIVE DIRECTORS	<input type="text"/>
11	END OF FINANCIAL YEAR	<input type="text"/> - <input type="text"/> [DD -MMM] ( 10 - DEC. )



9 352146 410351

No.

12 TAX PAYER/CORPORATE ID

13 TAX STATION NAME

**INFORMATION ABOUT AUDIT LIABILITIES IN THE LAST THREE YEARS -----**

14	AUDIT YEARS	YEAR 1	YEAR 2	YEAR 3
	TAX LIABILITY(=N=)	<input type="text"/>	<input type="text"/>	<input type="text"/>
TAX PAID (=N=)	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**AUTHORISED PERSON (OF THE COMPANY) -----**

15 SURNAME

16 FIRST NAME

17 MIDDLE NAME

18 STATUS/DESIGNATION

**ADDITIONAL INFORMATION ABOUT THE AUTHORIZED PERSON -----**

19 TITLE  [e.g. Mr, Mrs, Miss, Ms, Hon, Alhaji, Chief] etc

20 HOME PHONE NO.

21 FAX NO

22 e-MAIL ADDRESS

23 LOCATION ADDRESS AS AT 1ST JAN. 20

**OTHER INFORMATION ABOUT THE COMPANY -----**

24 SECTOR

25 SUB SECTOR

26 SHORT ORGANISATION NAME (ACRONYM)

27 NO OF NIGERIAN STAFF



NO:

28	NO OF EXPATRIATE STAFF	<input type="text"/>
29	COMPANY PHONE NO	<input type="text"/>
30	FAX NO	<input type="text"/>
31	COMPANY SIZE	MAJOR <input type="checkbox"/> AVERAGE <input type="checkbox"/> MARGINAL <input type="checkbox"/> DORMANT <input type="checkbox"/>
<input type="checkbox"/> TICK AS APPROPRIATE		
32	COMPANY e-MAIL ADDRESS	<input type="text"/>
33	COMPANY WEB ADDRESS	<input type="text"/>
34	COUNTRY	<input type="text"/>
35	L.G.A	<input type="text"/>
36	TOTAL NO OF STAFF	<input type="text"/>
37	NO OF MANAGEMENT STAFF	<input type="text"/>
38	NO OF NON EXECUTIVE DIRECTORS	<input type="text"/>

**OFFICIAL REMARK (REVENUE/TAMA OFFICIAL) -----**

39	REV. OFFICER I/C (e.g. HEAD OF TAX STATION)	<input type="text"/>
----	---	----------------------

(MUST BE ON THE PAYROLL OF LASG)

40	REV. OFFICER SIGN/DATE	<input type="text"/>
----	------------------------	----------------------

41	STAFF ID NO	<input type="text"/>
----	-------------	----------------------

42	REV. OFFICER'S MOBILE PHONE	<input type="text"/> - <input type="text"/>
----	-----------------------------	---

43	TAX PAYER'S FILE NO	<input type="text"/>
----	---------------------	----------------------

44	TAX STATION'S NAME	<input type="text"/>
----	--------------------	----------------------

45	TAX STATION LOCATION/ADDRESS	<input type="text"/>
----	------------------------------	----------------------

46	TAX STATION/AGENCY CODE	<input type="text"/>
----	-------------------------	----------------------



NO:

47

ADDRESS LOCATION PAGE

REF

NOTE: Use only approved Lagos State street map for filling address location page number.

**FOR c-TCC OFFICIAL ONLY (e.g. BIR Headquarter authorised signatory)-----**

48

COMPANY'S ELECTRONIC TAX CLEARANCE CERTIFICATE PROCESSING REQUIREMENT CERTIFICATION  
I certify that the company referred to above has met all processing requirements to receive an Electronic Tax Clearance card.

AUTHORISED BY

SIGNATURE AND DATE

**FOR ABC OFFICIAL ONLY (TAMA MONITORING OFFICE)-----**

49

AUTHORISED BY

DESIGNATION

SIGNATURE AND DATE



0 352146 410817