

No:



**LAGOS STATE GOVERNMENT**  
**BOARD OF INTERNAL REVENUE**  
**THE GOOD SHEPHARD BUILDING**  
 BLOCK H, PLOT H1, CENTRAL BUSINESS DISTRICT  
 OPPOSITE LAGOS STATE SECRETARIAT MAIN GATE, ALAUSA  
 IKEJA, LAGOS STATE  
 Website: [www.lasg-eps-rcm.com](http://www.lasg-eps-rcm.com)

**e-TCC/m-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.*

**NOTE: IF THERE ARE MAJOR CHANGES IN THE DATA YOU PREVIOUSLY SUBMITTED (EXCEPT FOR INCOME AND TAX), DO NOT COMPLETE THIS FORM BUT COMPLETE THE INDIVIDUAL (e-TCC) form or Abridged Form A (m-TCC) INSTEAD ACCOMPANIED WITH A NOTIFICATION LETTER**

**TO BE FILLED BY TAX PAYER ONLY**-----

1	TAX PAYER ID	<input type="text"/>
2	FULL NAME	<input type="text"/> <small>(PLEASE WRITE YOUR NAMES AS WRITTEN ON YOUR CURRENT e-TCC/m-TCC CARDS)</small>
3	CURRENT TEL. NO	<input type="text"/>

**INFORMATION ON INCOME AND TAX PAID FOR THE LAST THREE YEARS**-----

		YEAR 1	YEAR 2	YEAR 3
4	INCOME YEARS	<input type="text"/>	<input type="text"/>	<input type="text"/>
	INCOME (=N=)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	TAX PAID	<input type="text"/>	<input type="text"/>	<input type="text"/>

(The above Income and Tax figures must agree with those submitted on Form H2 for e-TCC Applicant. Your Employer must have filed form H1, otherwise processing of e-TCC may be delayed)

5	TAX STATION	<input type="text"/>
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This is the Tax Station where you or your company is registered

6	AUTHORISED COY REPRESENTATIVE (e.g. Accountant)	<input type="text"/>
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7	STAMP, SIGN, DATE	<input type="text"/>
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**FOR e-TCC/m-TCC OFFICIAL ONLY (BIR HEADQUATERS AUTHORISED SIGNATORY)**-----

8	TAX PAYER ELECTRONIC TAX CLEARANCE CERTIFICATE CARD PROCESSING REQUIREMENT CERTIFICATION I certify that the Tax payer referred to above has met all requirements necesasary for processing of his/her Electronic Tax Clearance Certificate	
	AUTHORISED BY	<input type="text"/>

9	SIGN AND DATE	<input type="text"/>
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**NOTE: Please submit your previously obtained e-TCC or m-TCC card with this application form.**



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NO:

**TO BE COMPLETED BY TAX OFFICIALS** -----

10	REV. OFFICER I/C e.g. HEAD, AUDIT & COLLECTION SECTION	<input type="text"/>
		(MUST BE ON THE PAYROLL OF LASG)
11	REV. OFFICER'S SIGN/DATE	<input type="text"/>
12	STAFF ID	<input type="text"/>
13	TELEPHONE NO	<input type="text"/>
14	MOBILE PHONE	<input type="text"/> , <input type="text"/>
15	TAX PAYER FILE NO.	<input type="text"/>
16	TAX PAYER'S COMPANY ID	<input type="text"/>
17	AGENCY NAME (e.g. TAX STATION)	<input type="text"/>
18	TAX STATION LOCATION/ADDRESS	<input type="text"/>
19	TAX STATION/AGENCY CODE	<input type="text"/>
20	ADDRESS LOCATION PAGE	<input type="text"/>
		REF
		<input type="text"/>
(Use Lagos State Approved Street Map Only)		
21	AUTHORISED BY e.g. HEAD, TAX STATION	<input type="text"/>
22	SIGNATURE AND DATE	<input type="text"/>



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