



No:

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

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

SELF EMPLOYED/DIRECT ASSESSMENT 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.

INDIVIDUAL CUSTOMER DATA INFORMATION (To be Filled by Individual Taxpayer) -----

1	SURNAME	<input type="text"/>
2	FIRST NAME	<input type="text"/>
3	MIDDLE NAME	<input type="text"/>
4	DATE OF BIRTH	<input type="text"/> - <input type="text"/> - <input type="text"/> [DD-MMM-YYYY] (10 Jan-2003)
5	SEX	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
6	TAX PAYER ID	<input type="text"/>
7	HOME ADDRESS	<input type="text"/>
8	NATIONALITY	<input type="text"/> e.g. NIGERIAN
9	BUSINESS TYPE	<input type="text"/> e.g. MECHANIC, TRADING, etc
10	SIGNATURE AND DATE	<input type="text"/>

FOR e-TCC OFFICIAL ONLY (BIR HEADQUARTERS AUTHORISED SIGNATORY) -----

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



No.

[Empty box for No.]

12	NATIONAL IDENTITY NO.	[Grid]
13	TITLE	[Grid] MR, MRS, MISS, MS, DR, HON, ALHAJI, REV etc
14	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"/>
15	MAIDEN NAME (for married women only)	[Grid]
16	HOME PHONE	[Grid]
17	MOBILE PHONE	[Grid], [Grid]
18	STATE OF ORIGIN	[Grid]
19	COMPANY NAME	[Grid]
20	COMPANY ADDRESS	[Grid]
21	WEBSITE	w w w . [Grid]
22	E-MAIL ADDRESS	[Grid]
23	RESIDENCE AS AT 1st JAN 20 [Grid]	[Grid]
24	SPOUSE NAME (if married)	[Grid]
25	SPOUSE OCCUPATION	[Grid]
26	SPOUSE BUSINESS OR EMPLOYMENT ADDRESS	[Grid]



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No.

TAX STATION OFFICIAL REMARK -----

27	REVENUE OFFICER I/C	<input type="text"/>																					
		MUST BE ON THE PAYROLL OF LASG																					
28	REVENUE OFFICER SIGN/DATE	<input type="text"/>																					
29	STAFF ID NO	<input type="text"/>																					
30	MOBILE PHONE	<input type="text"/>										,	<input type="text"/>										
31	TAX PAYER FILE NO	<input type="text"/>																					
32	TAX PAYER'S COMPANY ID	<input type="text"/>																					
33	AGENCY NAME (e.g. BIR)	<input type="text"/>																					
34	TAX STATION LOCATION/ADDRESS	<input type="text"/>																					
35	TAX STATION/AGENCY CODE	<input type="text"/>																					
36	ADDRESS LOCATION PAGE	<input type="text"/>		<input type="text"/> REF <input type="text"/>	<input type="text"/>		Use Lagos State approved street map only																

INCOME AND TAX PAID FOR THE LAST THREE YEARS -----

		YEAR 1	YEAR 2	YEAR 3
37	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"/>
38	AUTHORISED BY (e.g. HEAD OF TAX STATION)	<input type="text"/>		
39	SIGNATURE AND DATE	<input type="text"/>		



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