



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

Form No.

Individual Data Input e-TCC Form

Supply All Information in Ink and in Block Letters

INDIVIDUAL INFORMATION (To be supplied by the 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/MM/YYYY
5	Title	<input type="text"/> (Mr, Mrs, Miss, Chief, Dr, Alhaji etc)
6	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
7	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"/>
8	Taxpayer ID	<input type="text"/>
9	House/Flat No.	<input type="text"/>
10	Street Name	<input type="text"/>
11	Town/Area	<input type="text"/> LGA/LCDA <input type="text"/>
12	State	<input type="text"/>
13	National ID NO	<input type="text"/>
14	Mobile Phone No	<input type="text"/>
15	Nationality	<input type="text"/>
16	Tax Station Name	<input type="text"/>
17	Employment Type	Employee <input type="checkbox"/> Contract <input type="checkbox"/> Political Appointee <input type="checkbox"/> Self Employed <input type="checkbox"/> Tick as Appropriate
18	Occupation	<input type="text"/>
19	Profession	<input type="text"/>
20	Maiden Name	<input type="text"/>

Income And Tax Paid for the Last Three Years.....

	Year 1	Year 2	Year 3
21	Income Year	<input type="text"/>	<input type="text"/>
22	Income	<input type="text"/>	<input type="text"/>
23	Tax Paid	<input type="text"/>	<input type="text"/>

24	Signature and Date	<input type="text"/>
25	Authorised Coy Rep. (e.g. Accountant)	<input type="text"/>
26	Signature and Date	<input type="text"/>
27	Authorised by (e.g. Head Tax Station)	<input type="text"/>
28	Signature and Date	<input type="text"/>

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

I certify that the Taxpayer referred above has met all requirements necessary for the processing of his/her Electronic Tax Clearance Certificate (e-TCC)

29	Email Address	<input type="text"/>
30	State of Origin	<input type="text"/>
31	Company Name	<input type="text"/>
32	Company Branch	<input type="text"/>
33	Company Address	<input type="text"/>
34	Web Address	<input type="text"/>
35	Official Position	<input type="text"/>
36	International passport No	<input type="text"/>
37	Alien Registration No	<input type="text"/>
38	Names and addresses of previous Employers	From..... To..... <input type="text"/>
		From..... To..... <input type="text"/>
		<input type="text"/>
		<input type="text"/>
39	If Married State Spouse's Name	<input type="text"/>
40	Spouse's Occupation	<input type="text"/>
41	Spouse's Business or Employment Address	<input type="text"/>

