



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																												
2	First Name																												
3	Middle Name																												
4	Date of Birth			-			-					DD/MM/YYYY																	
5	Title	(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																												
9	House/Flat No.																												
10	Street Name																												
11	Town/Area															LGA/LCDA													
12	State																												
13	National ID NO																												
14	Mobile Phone No																												
15	Nationality																												
16	Tax Station Name																												
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																												
19	Profession																												
20	Maiden Name																												

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

		Year 1	Year 2	Year 3																					
21	Income Year																								
22	Income																								
23	Tax Paid																								

24	Signature and Date																												
I certify that the Taxpayer referred above has met all requirements necessary for the processing of his/her Electronic Tax Clearance Certificate (e-TCC)																													
25	Authorised Coy Rep. (e.g. Accountant)																												
26	Signature and Date																												
27	Authorised by (e.g. Head Tax Station)																												
28	Signature and Date																												

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

