



CROSS RIVER STATE INTERNAL REVENUE SERVICE



ENUMERATION/REGISTRATION FORM FOR PAYE ORGANIZATIONS (COMPANIES, PARTNERSHIP, ENTERPRISES AND NON-GOVERNMENTAL ORGANIZATIONS)

COMPANY DETAILS

PAYE FORM 1

Name :.....
RC No. or Registration No.:..... Date of Incorporation/Registration:.....
Tax Identification Number:..... JTB TIN:.....
Date of Commencement of Business:..... Nature of Business:.....

STAFF STRENGTH

Total Staff Strength:..... No. of Expatriates: Nigerian Staff:.....

OFFICE ADDRESS:

House No:..... Street Name:
..... Town:.....
LGA:..... State:.....

PARTICULARS OF LANDLORD:

Name of Landlord:
Phone No:..... Email Address:

DIRECTORS DETAILS:

A. Executive Directors:

1. Name: Phone No:.....
2. Name: Phone No:

B. Non Executive Directors:

1. Name: Phone No:.....
2. Name: Phone No:

CONTACT DETAILS

Name of Contact Person:.....
Phone No:..... Email:.....

DECLARATION

I hereby declare that the information given above is correct in all respect and confirm that to the best of my knowledge, there are no other facts, the omission of which would be misleading.

.....
Authorised Signatory and Stamp of Business

.....
Full Name and Designation of Signatory

.....
Date

DOCUMENTS REQUIRED FOR REGISTRATION OF PAYE AGENTS:

1. Letter of Application for PAYE Registration
2. Staff Payroll indicating Annual Salaries & Allowances
3. Photocopy of Certificate of Incorporation/ Business Name Certificate
4. Tax Clearance Certificate for 2 Directors
5. Photocopy of Rent Receipt/Lease Agreement of Office Accommodation

For further enquiries, please contact

CROSS RIVER STATE INTERNAL REVENUE SERVICE

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