CROSS RIVER STATE INTERNAL REVENUE SERVICE

APPLICATION FOR TAX CLEARANCE CERTIFICATE

Affix your recent passport photograph here

Applicable for the year ended 31st December 20……

PART A: PARTICULARS OF APPLICANT

Name of Individual/ Enterprise: Title (Mr./Mrs./Miss/ Others ……

……

Current Residential / Business Address (not P O Box): ……

……

Mobile No 1: …… …… Mobile No. 2 ……

Email Address ……

TIN: …… …… JTB TIN: …… …… ……

Purpose for obtaining TCC:……

Source of Income: ☐ Employment ☐ Business ☐ Employment/Business **(Tick (✓) as Appropriate)**

Name and Address of Employer (Not P. O. Box)…… ……

……

Nature of Employment/ Business ……

Employers Phone Number: ……

Name and Address of Business (Not P.O.Box) ……

……

Particulars of previous Tax Clearance Certificate (if any):

a. TCC Number …… b. Date of issuance……

PART B: TAX HISTORY (For the past 3 years)

Assessment Year	**Gross Income (₦)**	**Tax Payable (₦)**	**Tax Paid (₦)**

Please attached payslip or Assessment Notice / evidence of payment for each of the Assessment years

CERTIFICATE

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

…… …… ……

(Signature) (Date) (Designation)

I Certify that …… is an employee of …… I also confirm that his/her tax history stated above is correct.

…… …… ……

(Signature) (Date) (Designation)

PART C: (For Official Use only)

Checkpoint A: PAYE Department

I certify that the information supplied by Taxpayer has been verified correct:

Verified By :…… Position: ……

Signature: …….. Date: ……

Checkpoint B. Informal Sector/ WHT Department

I certify that the information supplied by Taxpayer has been verified correct:

Verified By :…… Position: ……

Signature: …….. Date: ……

Checkpoint C: Tax Audit Department

I confirm that the tax paid by the taxpayer is adequate and there is no outstanding liability standing against him.

Validated By :……

Signature: …….. Date: ……

Checkpoint C: Tax Clearance Unit

I certify that ……has met all requirements necessary for the processing of his/her Tax Clearance Certificate. See checklist below.

Checked By: ……

Signature: …… Date: ……

S/N	CHECKLIST	YES	NO
A.	Taxpayer or Organization/Establishment has filed statutory returns (Tax form 'A' , 'H1' and 'H2') for the immediate 3 preceding years		
B.	Taxpayer has been assessed to tax for the past 3 years . If your answer is no , please give reasons below: …… ……..		
C.	There is evidence of Tax remittance for the past three years		
D.	Taxpayer or Organization does not have any outstanding liability (i.e has been cleared by Tax Audit Unit).		