

Form No. 

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
IKERE, LAGOS STATE
www.lsgprb.com.ng

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											Bank Verification No. (BVN)														
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																														

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

[illegible]