



ORIGINAL  
(For Tax Payer)



REPUBLIC OF GHANA

T19/

0042396

Date

24 1 20  
DD MM YY

**GHANA REVENUE AUTHORITY  
TAX CLEARANCE CERTIFICATE**

Amount Paid (GHe)

1.00

Issuing  
Office

NIMA STO



AHQR

Name / Address **RESOURCE AND MANPOWER GH. LTD**  
**P.O. BOX CT 5236, CANTONMENT - ACCRA**

Occupation **SERVICES**

File no. **NALC 120895**

Year of Assessment **2020**

TIN. **00000955167**

In compliance with section 14 of Revenue Administration Act, 2016 (Act 915)

**RESOURCE AND MANPOWER GH. LTD**

has applied to me for a Tax Clearance Certificate for the following purpose:

**TO ENABLE IT RENEW ITS OPERATING  
PERMIT AT THE PETROLEUM COMMISSION**

2. I confirm from the information available that:

**RESOURCE AND MANPOWER GH. LTD**

a) has paid his/her/its tax liabilities up to and including the 20 **19** year of assessment

b) has paid P.A.Y.E. and other withholding Taxes up to and including **DEC 2019**

c) has submitted all tax returns up to date.

d) has registered with the Ghana Revenue Authority. ✓

3. BELOW IS A SUMMARY OF HIS / HER ITS TAX POSITION FOR THREE YEARS

YEAR OF ASSESSMENT	STATUS	CHARGEABLE INCOME	TAX CHARGED	TAX PAID	TAX OUTSTANDING
20 1 8	(P)	84,000.00	21,000.00	21,000.00	NIL
20 1 9	(P)	105,000.00	26,000.00	26,000.00	NIL
20 2 0		DEPOSIT		1000.00	

4. I therefore issue this certificate which is valid up to **FEBRUARY 20 20 20**

FOR THE COMMISSIONER-GENERAL OF THE GHANA REVENUE AUTHORITY

**MIR IBRAHIM HANSEN**

(I.T. FORM 340)