## PERSONAL INCOME TAX FORM FOR RETURN OF INCOME AND CLAIMS FOR ALLOWANCES AND RELIGIO

	CLAIMS FOR ALL	OWANCES AND R	ELIEFS 20
To	·	]	Please quote
- 1			File No
J		1	In any communication
1			Tax Office
,			
(NICOME TO	A 37 3 70 1 70 4 7	-	
INCOME TA	AX YEAR 20	DATE OF IS	SUE
2011 TAKE	NOTICE AL	f the Personal Inc	come Tax Act, CAP P8 LF
	TO FIGE HIM TO HE APP	e hatabu taanii	
staten	gent of the amount of	C of this form	n, a true and complete
sourc	e. ACCRUING in	DEBRIED Gom	om EACH and EVERY , BROUGHT into, or
RECI	EIVED in NIGERI	A during the	YEAR ENDED 31st
	CIVIDEK, ZU	computed	in accordance - 11 -1
provis	ion of the Personal I	Income Tax Act (	CAP P8 LFN 2011 and
any ru	les or regulations ma	de there under:	July 10 LFIN 2011 and
(2) to prep	oare in parts . A.B.C.D	O. And E of this for	rm, a true and complete
Statetti	ient of the particulars.	required in and for	reitch name.
(3) to com	plete and sign the DE(	CLARATIONiatel	agend of these forms
(4) 10 001	ver this from, within	thirty days from a	the commencement of
cvery	year or assessment to	o the relevant Tax	COffice failing which
Best o.	f Judgement assessme	ent will be applied	l.
form and the information y would be return. There are pro-	cxplanatory notes, who was a finished to write the construction of	should read careful nere necessary. If your rite, or call at the	make a return on for
TAX OFFICE	ADDRESS	4.4	
PART A	PERSONAL PAI		
Applic Name in full (	able during the YEAR	RENDED 31st D	ECEMBER 20
State whether	Surname first)		<u> </u>
Nationality	Mr/Mrs/Miss	<del></del>	Tribi
Address of bus	iness or Employmen	<u> </u>	
Residenti d'Ad	dress	<u> </u>	
randioin 2149	me		<del></del>
			<del></del>
Milianii i daepa	id		
Mame and Ado	lress of employer (if a in the above circums	ny)	
u any change i vear ENDED :	II the above circums	tance had occurre	ed during of since the
dates	THE DECEMBER 20	J	give particulars and
Date of arrival i	in or departure from I	Viceria	<del></del> ,
Residence as at	1st	Aigeria .	<del></del>
Give full addres:	1sts-notPO.BoxNo)		

# STATEMENT OF INCOME OF THE YEAR ENDED 31st DECEMBER, 20 EACH SECTION OF THIS part should be completed OF YOU HAVE NO SUCH INCOME WRITE "NONE: AGAINST THE ITEM IN QUESTION

Marine and the second

SECT	IONS:	
1	SOURCES OF INCOME	
(1)	Profit from, Trade, Business, Profession or Vocation (specify) (Attach Accounts)	At an income
(2)		
(2)	Employment Incomes	
	(i) Basic Salary	
	(ii) Housing/Accommodation allowaace	
	(iii) Transportation allowance	* . · *
	(iv) Utility allowance	W 1 10 10
	(v) Meal subsidy	1.1.43
	(vi) Entertainment allowance	167
	(vii) Domestic staff emolument	
	(viii) Vehicle Maintenance and fueling allowance	
	(ix) Hardship/hazard allowance	7 to 1
	(x) Constituency allowance	
	(xi) Wardrobe allowance	Page 1 Same 3
	(xii) Call duty allowance (xiii) Inducement allowance	
4 1.	(xiii) Inducement allowance (xiv) Education allowance	
	(xiv) Education allowance	1
٠.	(xv) Sitting allowance	
	(xvi) Furniture allowance	:.
	(xvii) Leave allowance	
	(xviii) Responsibility allowance	
	(xix) Actingallowance	<b>.</b>
•	(xx) Overtime allowance	Para district
	(xxi) Bomises	Territoria (
	(xxii) Commissions	1.1
	(xxiii) Research/Teaching allowance	144.
٠.	(xxiv) Clinical supplementation allowance	
	(xxv) Security allowance	"
	(xxvi) Rural allowance	
	(xxvii) Personal Assistant(s) emolument	
	(xxviii) Other allowances (whichever name called	The state of the state of
	Please list or attach additional list if the space is no	$\mathbf{f} = 0.00$
	enough	
	Sub Total C/f †	4. 113. 12. 4.
	Sub Total B/f	
(3)	Rent (gross)	4.75
( <del>4</del> )	TNI-Addisor de (company)	
(5)	Interest (gross)	
(6)	Directors fees (gross)	40.00
( <del>)</del> (7)	Pension/Annuity (annex list) (gross)	The state of
(8)	Discounts	:
9)	Incomes received in or brought into Nigeria	
-,	form sources outside Nigeria (Please list or	
	attach additional space provided is not enough	
	Gross Income	
(10)	Exemptions:	
	- Pension/Gratuity	
	- Subscriptions	1 .
	- Contributions to retirement benefit schen	<b>3</b> ¢
	Total Exemptions	1

Gross Taxable Income.

## THIS PORTION NEEDS NOT BE COMPLETED WHERE DETAILED BALANCE SHEETS IS SUBMITTED

#### Assets and Liability as at 31/12/.....

<ul> <li>(a) Assets - Tangible and Immovable Properties</li> </ul>
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i 	Houses		-m <del></del>	
Fanci	ality	Date Building Completed	Land N	Cost of Construction/ Acquisition
1.				
2,				
3.	The state of the s			
Ł				
5,				
Ġ.				
7.				
8,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9,			7	
10.				

#### 2. Land

Locality	Date Acquired	Cost N
1.		
2.		
3.		
4		
5.		
υ		
7.		
1		
9.		
10		1 1

#### 3. Farmland

Loc	ality	Date Acquired		Cost №
1.			., <u></u>	
2.				
3.				
4				- 22 1 <b>2592</b> 2 11 <b>2</b> 2 12 12 12 12 12 12 12 12 12 12 12 12 1
5.	What are the first of the first		* (#900 -#	and the state of t
б.	and the second and th			
7.				·
8.	. 46.	and the second second		<del>.</del>
-8:	. 26.			

14.	Farmlands	Locality	Date Acquired	Cost <del>N</del>
		(1)		-
		(2)		
		(3)		
		(4)		
		(5)	*	10 july 1

#### 4. Tangible Movable Assets

	Locality	Date of Acquisition	Description	Amount
1.		. :		
2.		<del></del>	· · · · · · · · · · · · · · · · · · ·	
3.		<del></del>		
4	**************************************	<u> </u>	····	. <del></del>
5.	•	"		1
6.				
7.	,	<del></del>	. : 1	
8.				
9.			<u> </u>	<u>`</u>
10.				

#### 5. Liabilities Loan and Interest

interest	winch	Amount of Int deducted in th December, 20.	erest paid and tax, e year ended 31st	Security for debt	Lenders' name and address	
N K %	borrowed	Interest paid	Tax deducted			
		N K	N K			
	: <b>,</b> ,			: '. ·	14000	1
			I .			:

PART D	
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#### CLAIMS FOR CAPITAL ALLOWANCES

Do you claim (	Capital Allowances under the fifth schedule of the Personal Income Ta
	2014 in respect of assets used for the purpose of carning any of the
Income return	ed in part B

(Yes/No) if yes, amex a statement showing full particulars of your claim.

_		
~	Details about	A1 41 1
D.	THOME SITKIME!	f hildren

S/N	Name	Address	Age	Occupation/Institution
(i)	· · · · · · · · · · · · · · · · · · ·			
(ii)				
(iii)			<u> </u>	
(iv)		;		,

7. Lue insurance - Neit/Nooi	7.	Life Insurance	- Self/Spous	_
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S/N	Insurance Company	Premium paid	Sum insured	Policy No.
(i)				· .
(ii)				

8.	:	Disability claim
		Clumin

- (i) Are you disabled? Yes/No
- (ii) If yes, state

Nature of disability...

### PART E DECLARATION WHICH MUST BE COMPLETED AND SIGNED

I hereby declare that Parts B & C of this from contain a true and correct statement of my income, in respect of all sources, accruing in, derived from, brought into and received in Nigeria and of my assets both movable and immovable to the best of my knowledge, judgement and belief in accordance with the provisions of the Personal Income Tax Decree CAP P8 LFN 2011, and of any rules made there under, and that deductions and exemptions claimed by me in Part B of this form have been certified correct. I further declare that the particulars given by me in Part A, D, and E of this form and in any Accounts or lists, etc., Annexed by me to the form, are true and complete.

Given under my hand	this	******************	Day of	20	
		***********	(Sign	ature)	1 -
Present Private Add	ress: 47% e	· ·	**********************	*************	
	-4	1			·