



Form No:

AFFIX YOUR
PASSPORT
HERE**INCOME TAX RETURNS FORM**

* PLEASE MAKE ALL ENTRIES IN BLOCK LETTERS

PART A: PERSONAL PARTICULARSApplicable during the YEAR ENDED 31ST DECEMBER, 20.....

Name in Full: _____ Last Name _____ Middle Name _____ First Name _____

Title: _____ Gender: Male Female Date of Birth: _____ (DD) _____ (MM) _____ (YYYY)

Marital Status: _____ Occupation: _____ State of Origin: _____

Nationality: _____ Phone Number (1) _____ Phone Number (2) _____

NIN: _____ TIN: _____

Current Residential Address _____ House No _____ Street Name _____

City _____ Ward _____ L.G.A _____ State _____

Country _____ Email: _____

PART A (II): INDIVIDUAL CATEGORY, MEANS OF IDENTIFICATION & TAX STATION***INDIVIDUAL CATEGORY:**Self Employed Employed Expatriate *Specify If Others: _____***MEANS OF IDENTIFICATION:**National Identity Card Driver's License International Passport *ID Number: _____Resident Permit Registered Organization *Place of Issuance: _____***TAX STATION:** _____**PART B: SOURCES OF INCOME**

i. Employment

Salary # _____

Commissions, Bonuses, Profession, Vocation etc. # _____

ii. Trade, Business, Profession, Vocation etc. # _____

PART C: INCOME AND TAX FOR THE CURRENT AND PREVIOUS YEARS

	YEAR 1	YEAR 2	YEAR 3
INCOME (#)	_____	_____	_____
TAX DUE (#)	_____	_____	_____
TAX PAID (#)	_____	_____	_____
DEVELOPMENT LEVY (#)	₦ 200	₦ 200	₦ 200

PENALTY FOR DEFAULT

Please note that in accordance with relevant laws, making false statements and returns or unlawful refusal/neglect to pay tax will attract fine or imprisonment or both.

DECLARATION WHICH MUST BE COMPLETED AND SIGNED

I _____ hereby declare that the information supplied in this form contain true and correct statement of the amount of my income from all sources.

Given under my hand, this _____ day of _____ 20 _____

(Signature of person making this return)

TAX COMPUTATION TABLE

WHAT YOU NEED TO DO:

- Visit any of the Ondo State Internal Revenue Service offices today.
- Obtain and complete the required tax forms for your self-assessment and attach a passport photograph.
- Make payment in line with the minimum tax payable for each income category as stipulated below:

SELF ASSESSMENT TABLE			
GROSS INCOME N(A)	CRA=200,000+20%N(A)	CHARGEABLE INCOME N(B)*	TAX DUE N (C)*
350,000	270,000	80,000	5,600
500,000	300,000	200,000	14,000
1,000,000	400,000	600,000	54,000
1,500,000	500,000	1,000,000	114,000
2,000,000	600,000	1,400,000	186,000
3,000,000	800,000	2,200,000	350,000
4,000,000	1,000,000	3,000,000	518,000
5,000,000	1,200,000	3,800,000	704,000
6,000,000	1,400,000	4,600,000	896,000
7,000,000	1,600,000	5,400,000	1,088,000
8,000,000	1,800,000	6,200,000	1,280,000
9,000,000	2,000,000	7,000,000	1,472,000
10,000,000	2,200,000	7,800,000	1,664,000
12,000,000	2,600,000	9,400,000	2,048,000
15,000,000	3,200,000	11,800,000	2,624,000
20,000,000	4,200,000	15,800,000	3,584,000

KEY*

- A. Non-taxable Income is a consolidated Relief of N200,000.00 plus 20% of Gross Income.
- B. Chargeable Income = (Gross Income less Non-Taxable Income)
- C. Tax Due

Tax Due is computed at the following applicable rates: -

1st N300,000 of Taxable Income at	7%
Next N300,000	11%
Next N500,000	15%
Next N500,000	19%
Next N1,600,000	21%
Next N3,200,000	24%

In computing the above, all relief and allowances have been granted.

- Payment can be made in any commercial bank in the state.
- Obtain your E-receipts immediately after payment is made at any of our Tax Stations in the 18 Local Government Areas.
- Apply for and collect your Tax Clearance Certificate (TCC), 72 hours after payment. Land Use Charge Payment receipt must be provided when applying for TCC

PAYMENT DETAILS				
	REVENUE CODE	AGENCY CODE	ACCOUNT NAME	BANK
DEVELOPMENT LEVY	1201010618			
INCOME TAX	1201011215	022000800100	ODSG PAYDIRECT ACCOUNT	ANY COMMERCIAL BANK

For further enquiries, contact:

Office of the Executive Chairman

Ondo State Internal Revenue Service, Alagbaka Akure

E-mail: info@odbir.com; chairman@odbir.com; contactus@odbir.com

GSM: 08104864804; 08188397000; 07038127173



2020 PAYE ANNUAL RETURNS (FORM H1)

S/N	STAFF TIN	PERIODS IN MONTHS	NAMES (SURNAME FIRST)	DESIGNATION /RANK	ANNUAL TOTAL INCOME	TOTAL RELIEF	TOTAL TAX DEDUCTED	TOTAL TAX REMITTED

MONTHLY PAYE REMITTANCES SCHEDULE

S/N	STAFF TIN	NAMES (SURNAME FIRST)	DESIGNATION/ RANK	MONTHLY INCOME	TOTAL TAX DEDUCTED	TOTAL TAX REMITTED

MONTHLY WITHHOLDING TAX RETURNS SCHEDULE

S/N	NAMES OF BENEFICIARIES	ADDRESS	SERVICES RENDERED	AMOUNT	WHT DEDUCTED	WHT REMITTED