

No:



LAGOS STATE GOVERNMENT  
MINISTRY OF FINANCE  
BOARD OF INTERNAL REVENUE  
BLOCK 19, PERMANENT SECRETARIAT  
OBAFEMI AWOLOWO WAY, IKEJA , LAGOS  
TEL:4707995. WEBSITE:- www.lasg-ebs-rcm.com

Affix your passport  
photograph here

INDIVIDUAL DATA INPUT/e-TCC

INSTRUCTIONS: All information should be filled in ink and in CAPITAL letters, no abbreviation is allowed. Entries should not spill into a neighbouring block and MUST NOT exceed the total number of boxes provided. For fields with multiple choices, a value must be chosen from the available options to the right of the fields.

INDIVIDUAL CUSTOMER INFORMATION (To Be Filled by Individual Taxpayer only)

1	SURNAME	<input type="text"/>
2	FIRST NAME	<input type="text"/>
3	MIDDLE NAME	<input type="text"/>
4	DATE OF BIRTH	<input type="text"/> - <input type="text"/> - <input type="text"/> [DD-MMM-YYYY] (10-Jan-2003)
5	SEX	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
6	TAXPAYER ID	<input type="text"/>
7	HOME ADDRESS	<input type="text"/>
8	NATIONALITY	<input type="text"/> eg. NIGERIAN

INFORMATION SUPPLIED ON FORM H2

9		YEAR 1	YEAR 2	YEAR 3
		<input type="text"/>	<input type="text"/>	<input type="text"/>
	INCOME (=N=)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	TAX PAID (=N=)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(The above Income and Tax figures must agree with those submitted on Form H2. Your employer must have filed Form H1 with the Tax Station where it is registered, otherwise processing of e-TCC may be delayed )				
10	TAX STATION NAME	<input type="text"/>		
		(This is the Tax Station where you or your company is registered)		
11	SIGN/DATE	<input type="text"/>		



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No.

12	NATIONAL IDENTITY NO	<input type="text"/>
13	TITLE	<input type="text"/> MR, MRS, MISS, CHIEF, DR, HON, ALHAJI, REV etc
14	EMPLOYMENT TYPE	EMPLOYEE <input type="checkbox"/> CONTRACT <input type="checkbox"/> POLITICAL APPOINTEE <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> <span>TICK AS APPROPRIATE</span>
15	OCCUPATION	<input type="text"/>
16	PROFESSION	<input type="text"/>
17	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"/>
18	MAIDEN NAME	<input type="text"/>
19	HOME PHONE	<input type="text"/>
20	OFFICE PHONE	<input type="text"/>
21	GSM PHONE	0 8 0 <input type="text"/> , <input type="text"/> 0 8 0 <input type="text"/>
22	FAX NO	<input type="text"/>
23	E-MAIL ADDRESS	<input type="text"/>
24	POSTAL ADDRESS	<input type="text"/>
25	LOCAL GOVT. AREA OF RESIDENCE	<input type="text"/>
26	STATE OF ORIGIN	<input type="text"/> e.g. LAGOS
27	COMPANY NAME	<input type="text"/>
28	COMPANY ADDRESS	<input type="text"/>
29	COMPANY BRANCH	<input type="text"/>
30	DEPARTMENT	<input type="text"/>



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No.

31 WEBSITE ADDRESS

32 DATE EMPLOYED  -  -  [DD-MMM-YYYY] (10-Jan-2003)

33 YEAR FIRST EMPLOYED  [YYYY] (2003)

34 OFFICIAL POSITION

35 YEAR OF EDUC. QUALIFICATION  
PRIMARY SCHOOL  SECONDARY SCHOOL   
NCE/OND  FIRST DEGREE

36 INTERNATIONAL PASSPORT NO

37 ALIEN REGISTRATION NO. (CERPAC)

38 VISA EXPIRY DATE  -  -  [DD-MMM-YYYY] (10-Jan-2003)

39 NSITF NUMBER

40 EMPLOYEE NO

41 INDICATE OTHER FORMS ATTACHED: (Obtainable from BIR Headquarters, Tax Stations, or downloaded from [www.lasg-ebc-rcm.com](http://www.lasg-ebc-rcm.com))  
FORM H2 ☐ YES ☐ NO  
FORM L1 ☐ YES ☐ NO  
TICK AS APPROPRIATE

42 NAMES/ADDRESSES OF PREVIOUS EMPLOYERS  
  
  
  
FROM  TO   
  
  
  
FROM  TO



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No.

43	RESIDENCE AS AT JAN, 1st <input type="text"/> <input type="text"/>	<input type="text"/>
44	IF MARRIED STATE SPOUSE'S NAME	<input type="text"/>
45	SPOUSE OCCUPATION	<input type="text"/>
46	SPOUSE'S BUSINESS OR EMPLOYMENT ADDRESS	<input type="text"/>

OFFICIAL REMARK -----

47	REVENUE OFFICER I/C	<input type="text"/> (MUST BE ON THE PAYROLL OF LASG)
48	REV. OFFICER'S SIGN/DATE.	<input type="text"/>
49	STAFF ID NO	<input type="text"/>
50	MOBILE PHONE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
51	TAXPAYER FILE NO	<input type="text"/>
52	TAX STATION LOCATION	<input type="text"/>
53	TAX STATION LOCATION ID	<input type="text"/>
54	STATE RESIDENCE CODE	<input type="text"/>
55	TAXPAYER'S EMPLOYER ID	<input type="text"/>
56	AGENCY NAME e.g. BIR	<input type="text"/>
57	AUTHORISED BY e.g HEAD, TAX STATION	<input type="text"/>
58	AUTHORISED SIGNATORY/DATE	<input type="text"/>



No.									
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**FOR e-TCC OFFICIAL ONLY (BIR HQ AUTHORISED SIGNATORY) -----**

59	ADDRESS LOCATION PAGE	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	REF	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>							
	<p>Taxpayer's Electronic Tax Clearance Certificate Processing Requirement Certification.</p> <p>I certify that the Taxpayer referred to above has met all processing requirements to receive an Electronic Tax Clearance Certificate.</p>										
60	AUTHORISED BY	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>									
	(MUST BE ON THE PAYROLL OF LASG)										
	SIGN/DATE										



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