

LAGOS STATE GOVERNMENT INTERNAL REVENUE SERVICE



INCOME TAX FORM FOR RETURN OF INCOME AND CLAIMS FOR ALLOWANCES AND RELIEFS

Form A

RETURNS FOR INCOME TAX YEAR 20___

Form No:

0029357

PART A: PERSONAL PARTICULARS	ble during the YEAR END	ED 21CT DECEMBED	20	
	ase complete/fill this form i			
Name in full	1		I	
SURNAME	FIRST NA	ME		MIDDLE NAM
				MODELIAN
Title (Mr. /Mrs./Ms. /Others)	Marital Status (Marrie	ed / Single/ Others)	Date of Birth	DAY MONTH YEAR
Current Residential Address				
HOUSE/PLOT NO	STREET		ľ	
TOWN/AREA	LG/LCDA			STATE
Nationality	Occupation		LASRRA No: LA	
Contact Tel. No(s)		e-mail		*
Name and Address of Employer/Business	I			- A-55, A 1- 11-4, A 1-20// B-58-6-5-
				-
		•		
If any change in the above circumstances ha	d occurred during or since	e the year ended 31st	December, 20	
Give particulars and dates:				
Date of arrival in or departure from Nigeria	. Arrival		, Departure	
Date of difficult in or department from Higeria	DA	Y MONTH YEAR		DAY MONTH YEAR
Residence at 1st January 20	(Give full address not	a P.O. Box)		
If married, provide spouse details below:				
			. Date of Birth	
Name in full			Date of Birth	DAY MONTH YEAR
Employer/Business			Occupation	
L				
Employer 3/ Business Address				
Full name of Children	Dates of Birth	Name & Address of educational establishment		Child's income in his or her own right (N)
	1 201/1007/1007			
,	DAY / MONTH/ YEAR			
	DAY / MONTH/ YEAR	-	<u> </u>	
	DAY MONTH YEAR	La E		
PART B: STATEMENT OF INCOME FOR THE Y	EAR ENDED 31ST DECEM	BER. 20		
Note: When any source of income have been acquired			O Annex particulars i	with date.
(i) Trade, Business, Profession, Vocation etc. Annex copies of Accounts for the Year Ended 31st December 20		(v) Dividends from Nigerian Companies **		
(ii) Employment:			nount before deduction of	tax.)
Salary	₩	(vi) Interest		₩
Commissions, Bonuses etc. Allowances	₩	therefrom)	details of each source and and	I the gross income received
(Annex details of each allowance paid on your b	ehalf)	(vii) Rents	unu	Table N
(ii) Pension From Annuity From	N		ing for each property, the a	mount of gross and other refrom and their repair rates
Gratuities	₩			
(State name and Address of the Payer)			ach source and the income	ded above ₦ e therefrom)
(iii) Income received in or brought into N outside Nigeria.	igeria from all sources			are apparatually to have
Aggregate earned income from all source	es (X) 👭	Aggregate investn	nent income from all	sources (Y)



GUIDE TO COMPLETING TAX FORM A



GENERAL

- Before completing this Form, you should carefully read the entire form and the guide notes or have same explained to you.
- Complete/Fill this Form with BLOCK/CAPITAL/UPPER CASE LETTERS ONLY.
- Taxpayers filing for Self-Assessment MUST attach a financial statement for the year ended.
- "Returns for Income Tax Year..."relate to the current Year i.e. if filing is being done in 2016, you are to fill in 2016. PART A -

PART A - PERSONAL PARTICULARS

- The applicable year end to be specified is the preceding year to the year of return i.e if the "Returns for Income Tax Year" is 2016 the applicable year ended would be "... year ended 31st December, 2015".
- Please specify Title if 'Other'.
- Please specify Marital Status if 'Other'.
- All addresses should be in full as P.O. Box numbers are not accepted.
- Employer/Business should state 'self-employed' with the name of Business if applicable.

PART B: STATEMENT OF INCOME FOR THE YEAR ENDED

- Income stated in the sub section (i) (iv) are earned income while sub section (v) (viii) are investment income.
- The addition of the aggregate earned income (X) and aggregate investment income (Y) amounts to the total income for the stated year.

PART C: MANDATORY DISCLOSURE ON ACCOMMODATION

- If the place of residence changes from the stated address in No 1, state the new address in No 2.
- Length of stay is the number of months the employee has occupied the accommodation
- Accommodation type should state if it is a hotel room, bungalow, duplex, apartment/flat etc
- Rent paid is the gross amount.
- Salaries, wages or Allowances paid to domestic staff by employer should be asterisked (*).
- Any Benefit paid for by the employer or a separate entity apart from self in this section should be asterisked (*) with details of
 the separate entity (Name, Contact telephone, address and relationship) attached.

PART D: OTHER MANDATORY DISCLOSURES

Share options: Provide details for any award or option. Kindly provide details for the award or option.
 Please confirm if it was indicated in previously filed returns. Kindly attach details.

PART E: THIS PORTION NEEDS NOT BE COMPLETED WHERE DETAILS OF BALANCE SHEET IS SUBMITTED

This section is to be completed only if the book of accounts is not attached as stated in PART B (i).

PART F: CLAIM FOR CAPITAL ALLOWANCES AND RELIEF ON INTEREST ON LOAN FOR MORTGAGE

- Approved capital allowances claim is to be attached.
- All relevant documents to prove the interest paid on loans for developing an owner-occupied residential house for the year ended should be provided and the approved relief would be enjoyed in the following year.

PART G:ALLOWANCES FOR LIFE ASSURANCE, GRATUITIES, NHIS AND PENSION CONTRIBUTION

- Certificate/receipts for all premium paid within the period should be attached.
- Confirmation letter/certificate from the insurance company on the premium paid for the year with a split between savings and insurance should be attached.
- Statement of Retirement Saving Account (RSA) should be attached for Voluntary Contribution Claims.
- NHIS National Health Insurance Scheme.
- HMO Health Management Organisation.
- PFA Pension Fund Administrator.

CONSOLIDATED RELIEF ALLOWANCE (CRA) & RATES

Consolidated Relief.Allowance is the higher of (i) and (ii) plus twenty per cent (20%) of the gross income. Where

- (i) 1% of the gross income
- (ii) Two hundred thousand naira (N200,000.00).

The Gross Income less CRA and statutory approved allowances (PARTS E & F) will be subject to the following graduated Tax rates. Tax rates

First	N300,000.00	7%
Next	N300,000.00	11%
Next	N500,000.00	15%
Next	N500,000.00	19%
Next	N1,600,000.00	21%
Above	N3,200,000.00	24%

DECLARATION

- In the case where the Returnee is unable to complete/fill this Form. He/She can be assisted by a 'Guardian'.
- The thumb print of the Returnee must be validated by the Guardian (Name, Contact telephone, address, relationship and signature of the Guardian should be stated).

Note: 'Guardian' is defined as the individual that assisted the Returnee to complete/fill the Form All other relevant additional documents you believe would support this return should be attached.