



TAX CLEARANCE CERTIFICATE

TCC No: _____

Tax Division: **Small**
Medium
Large

1. TAXPAYER NAME _____

2. TAXPAYER IDENTIFICATION NUMBER _____

3. BUSINESS ACTIVITIES _____

4. TAXPAYER ADDRESS _____

5. COUNTY _____ **6. DISTRICT** _____

7. TAXPAYER OFFICIAL EMAIL _____

8. TAXPAYER BUSINESS TELEPHONE NUMBER _____

9. TAXPAYER APPROVED REPRESENTATIVE _____

10. REPRESENTATIVE POSITION _____ **11. REPRESENTATIVE TEL** _____

- 12. CATEGORY**
- INDIVIDUAL**
 - GOVERNMENT AGENCY**
 - SOLE PROPRIETORSHIP**
 - NGO**
 - PARTNERSHIP**
 - RELIGIOUS ORGANIZATION**
 - CORPORATION**
 - OTHER LEGAL ENTITY**

THIS IS TO CERTIFY FROM INFORMATION AVAILABLE TO THE DOMESTIC TAX DEPARTMENT THAT THE ABOVE MENTIONED TAXPAYER HAS QUALIFIED TO OBTAIN THIS TAX CLEARANCE AND IS HEREBY ISSUED THIS TAX CLEARANCE CERTIFICATE FOR THE PERIOD INDICATED BELOW

13. 45 DAYS 60 DAYS 90 DAYS 120 DAYS 180 DAYS 360DAYS

14. SPECIAL PURPOSE _____

15. CONDITIONAL _____

GIVEN UNDER OUR HAND AND SEAL THIS _____ DAY OF _____ 20_____

NAME : _____ **SIGNATURE** _____
FIRST MIDDLE LAST
ASSISTANT COMMISSIONER—SMALL & MEADIUM TAX DIVISION

NAME : _____ **SIGNATURE** _____
FIRST MIDDLE LAST
COMMISSIONER—DOMESTIC TAX DEPARTMENT