

Form: IN01
(Rev. June 2014)

Republic of Liberia
Liberia Revenue Authority
Domestic Tax Department

LIBERIA REVENUE AUTHORITY (LRA)
REGISTRATION FORM
INDIVIDUALS
(FOR USE BY INDIVIDUALS AND SOLE-PROPRIETORSHIPS)



Fields with * are mandatory, dates in m/d/yyyy. **Keep a copy for your records**

Instructions:

1. Use this **IN01** form for new registration, re-registration, modification or closure of the tax account of an individual or a sole-proprietorship.
2. If you own a sole-proprietorship: Complete an **IN01** form and the sole-proprietorship appendix **SP01**.
3. If you are an individual that does not own a sole-proprietorship and has to pay taxes or other fees to the Government of Liberia: Complete this **IN01** form only.
4. If you have a representative without a TIN, additionally that representative must complete an **IN01** form too.
5. Required documentation: Business registration application form from the LBR, Identification (valid Passport, employee NASSCORP #, Liberian driver's license or Liberian birth certificate), and one recent passport size photo for new or re-registrations.

1. Reason

1a. Reason for submitting form*
 New (or re-registration) Modify Closure

1b. TIN (for modify or closure only)

2. Individual Information

2a. You are (select 1 only)*: **INDIVIDUAL Taxpayer** **SOLE-PROPRIETORSHIP(also fill in SP01 appendix)**

2b. Title* 2c. First name* 2d. Middle name 2e. Last name*

2f. Identification type (select any two)* Liberian Voter's Card
 Passport Employee NASSCORP Liberia driver's license Liberian birth certificate National ID(LIB)

2g. Identification #* 2h. Employer NASSCORP#* 2i. Nationality* 2j. Place and country of issuance

2k. Gender* 2l. Date of birth* 2m. Place and country of birth *

M F m/d/yyyy

2n. Marital Status* 2o. Occupation* 2p. Mobile #*

2q. e-mail 2r. Home / Work / Fax #

2s. Father's full name* 2t. Mother's full name*

3. Main Address

3a. Street* 3b. Landmark (Clear description of location)*

3c. City/Village/Town* 3d. District*

3e. County* 3f. Country*

3g. PO Box 3h. Resident of Liberia* 3i. If not, what is your country of residence?

Yes No

4. Mailing Address (only if different than main address)

4a. Street 4b. Landmark (to identify location clearly)

4c. City / Village / Town 4d. District

4e. County 4f. Country

5. Business & Activity Information

5a. Is your fiscal year the same as the calendar year?* 5b. If not, when does your fiscal year start?

Yes No m/d/yyyy

5c. Total business size annual turnover in Liberian L\$ (incl. all sole-proprietorships owned by you).

1. Sales from last year: _____
2. Anticipated(projected) turnover(new taxpayer only): _____

5d. Indicate if you are the following (select all apply)*

Importer Exporter Incidental importer/exporter 5e. Do you own real estate?*

Landlord Petty trader A B C Yes No 5f. Do you pay rent?*

Yes No

6. Employment

6a. Are you a petty trader, self-employed, government / charity / private business employee, investor or landlord?*

Yes No If yes, please complete below table

6b. Employment type - Self-employed - Government, Charity or Private business employee - Investor - Landlord - Petty trader A, B or C	6c. TIN or name employer/contractor	6d. Start date m/d/yyyy	6e. End date m/d/yyyy	6f. Main activity (1 only)
1.				<input type="checkbox"/> Yes
2.				<input type="checkbox"/> Yes
3.				<input type="checkbox"/> Yes
4.				<input type="checkbox"/> Yes

7. Shareholder & Ownership

7a. Are you a shareholder or owner of a company (do not include sole-proprietorships)?*

Yes No If yes, please complete below table

7b. TIN of company	7c. Name of company	7d. Start date of share/ownership m/d/yyyy	7e. End date of share/ownership m/d/yyyy	7f. Percentage of share / ownership
1.				
2.				
3.				
4.				

8. Information Representative

8a. Do you have a representative?*

Yes No If yes, please complete the rest of this section.

8b. Representative TIN

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 8c. Representative full name

8d. Type of representation (select 1 only)

Accountant Broker/Commission Lawyer Proxy Other: _____

8e. Reason (select 1 only)

Deceased Legally disabled Illness Minor Security issue Travel/business Insolvent Other

8f. Send mail?

Yes No

9. Bank Account Information (Optional)

9a. Account Number	9b. Account Holder	9c. Bank Name	9d. Branch Address

10. CERTIFICATION

I certify that the information given above and in the attached appendices is true, accurate and complete to the best of my knowledge. I also understand that any false declaration may lead to prosecution.

10a. Full name*	10b. Position*		
10c. Signature*	10d. Date* m/d/yyyy	10e. Mobile / Phone #*	

FOR OFFICAL USE ONLY

	Name	Date	Signature
Received by			
Captured by			
Validated by			

TIN application Nr

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Assigned TIN

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