



RETD01
Domestic Tax
Department
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Rev. October 2017

REAL PROPERTY OWNER REGISTRATION FORM
(FOR INDIVIDUALS AND LEGAL BUSINESSES)
*Fields with * are mandatory. Please keep a copy of your records*

Instructions:

1. Use this form to provide relevant information for obtaining Tax Identification Number (TIN) for new registration or re-registration of real property(ies) owned by individual or legal business.
2. If you are an individual (owner or leasee) desirous of paying your property tax (es) to the Government of Liberia, please fill Sections one, three, four and five, otherwise fill Sections two, three, four and five where applicable.
3. Required documentation: Property owner Identification Card (valid passport, Identification card from NASSCORP, Liberian driver's license, National Identification Number or Liberian birth certificate) , one recent passport size photo of property owner, improvement photograph for residential properties, property appraiser booklet from certified architectural/engineering firm for commercial properties and business registration for legal business

1. PROPERTY OWNER - INDIVIDUAL

Title*	First Name*	Middle Name*	Last Name*
Identification Type(select only one)* <input type="checkbox"/> Liberian Voter's Card <input type="checkbox"/> Liberian Passport <input type="checkbox"/> Liberian Driver's License <input type="checkbox"/> NASSCORP ID <input type="checkbox"/> Liberian Birth Certificate <input type="checkbox"/> Liberian National ID			
Gender* <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth* mm/dd/yyyy	City and Country of Birth*	
Marital Status*		Occupation*	Cell Numbers*
Email Address			Other Phone Numbers*
Father's Full Name		Mother's Full Name	

2. PROPERTY OWNER - LEGAL BUSINESS

Business Full Name*	
Business Registration No.*	Business Activities*
Business Phone No*	
Business Email*	
Contact Person Full Name*	Contact Person Phone No.*

3. ADDRESS

Street Address*		Community*
City/Town/Village*		Electoral District*
County*		Country*
Resident of Liberia?*	If no, what is your country of residence*	If no, your phone number for the country of residence*
<input type="checkbox"/> Yes <input type="checkbox"/> No		

4. TAXPAYER REPRESENTATIVE INFORMATION IF APPLICABLE

Representative Full Name*	
Representative Full Address*	
Representative Phone No.*	Representative Email*

5. CERTIFICATION

I certify that the information provided above is true, accurate and complete to the best of my knowledge. I acknowledge that any false declaration may lead to possible prosecution.

Full Name*	Signature*	Date
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