



**LRA**  
LIBERIA REVENUE AUTHORITY

|   |  |   |
|---|--|---|
| <b>Domestic Tax Department</b><br><br><b>INDIVIDUAL INCOME</b><br><b>TAX RETURN</b><br><br><b>FOR THE YEAR ENDED</b><br><hr/> |  | <b>OFFICIAL USE ONLY</b><br>Date Return Filed _____<br>Received By _____<br>Bill No. _____<br>Amount Assessed \$ _____<br>Receipt No. _____<br>Amount Paid \$ _____ |
| <b>First Name And Initial</b>   | <b>Last Name</b>   |   |
| <b>Home Address</b>   |  |   |
| <b>City, Town or Post Office</b>  | <b>Country</b>   | <b>Occupation</b>   |
| <b>Line No.</b>   | <b>INCOME</b>  |   |
| 1   | Wages And Salaries (Schedule B-1, Page 2) _____  | _____   |
| 2   | Business Income (or Loss) (Attach Schedule F For Each Separate Business Of Profession) _____ | _____   |
| 3   | Rent And Royalties (Attach Schedule G) _____   | _____   |
| 4   | Dividends And Interest (Schedule B-2, Page 2) _____  | _____   |
| 5   | Income From Partnerships, Estates And Trusts (Schedule B-3, Page 2) _____                    | _____   |
| 6   | Gain On Sale Of Property (Attach Schedule H) _____   | _____   |
| 7   | Other Income (State Nature And Source) _____   | _____   |
| 8   | <b>TOTAL NET INCOME (OR LOSS) (Add Line 1 Through 7)</b>                                     | _____   |
| <b>DEDUCTION</b>  |  |   |
| 9   | Exemption (\$70,000 Per Annum or \$51.70 Per Month) _____                                    | _____   |
| 10  | Condition Deduction (Schedule B-4 Page 2) _____  | _____   |
| 11  | Net Loss Carry Forward (Attach Computation) _____  | _____   |
| 12  | <b>TOTAL DEDUCTION (As Lines 9 Through 11)</b>   | _____   |
| <b>TAX LIABILITY</b>  |  |   |
| 13  | Net Taxable Income (or loss) (Subtract Line 12 From Line 8) _____                            | _____   |
| 14  | Tax On Taxable Income (From Tax Rate Table) _____  | _____   |
| <b>CREDITS AND PRE-PAYMENTS</b>   |  |   |
| 15  | Tax Withheld From Wages And Salaries (Schedule B1) _____                                     | _____   |
| 16  | Estimated Tax Payments (Schedule B-5, Page 2) _____  | _____   |
| 17  | Tax Paid On Partnerships, Estate or Trust Income (Schedule B-3, Page 2) _____                | _____   |
| 18  | Credits And Prepayments (Attach Line 15 Through 18) _____                                    | _____   |
| 19  | <b>Total Credits And Prepayments (Add Line 15 Through 18)</b> _____                          | _____   |
| <b>PENALTIES AND INTEREST</b>   |  |   |
| 20  | Penalties and/or Interest Assessed _____   | _____   |
| <b>BALANCE DUE (OR OVERPAYMENT)</b>   |  |   |
| 21  | Balance Due (or Overpayment) (Line 14 Less Line 19 Plus Line 20) _____                       | _____   |
| Any Balance Due is Payable with Filing or Return  |  |   |

CERTIFICATION: I Swear Under Oath That I Have Examined This Return To The Best Of My Knowledge, It Is Correct And Complete.

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Preparer's Nat'l I.D. No. \_\_\_\_\_

Signature of Preparer (If Different) \_\_\_\_\_ Date \_\_\_\_\_

Address of Preparer \_\_\_\_\_

| FOR OFFICIAL USE ONLY                      |      |
|--|------|
| Manager, Registration & Returns Processing | Date |
|  |      |



**WAGES AND SALARIES**

**B-1**

| (A)<br>Employer  | (B)<br>Income Tax Withheld | (C)<br>Wages And Cash Allowances Received |
|--|----------------------------|---|
|  |                            |   |
|  |                            |   |
|  |                            |   |
| Sub-Total Of Column (C)<br>If You Receive Fringe Benefits, And 20% To Column (C) Sub-Total<br><b>Totals</b><br>(Enter Column (B) Total On Line 15, Page 1, Enter Column (C) Total On Line, Page 1) |                            |   |

**DIVIDENDS AND INTERESTS RECEIVED**

**B-2**

| Name Of Company Paying Dividend And Of Borrower Paying Interest | Location | Amount Of Dividends or Interest Received |
|---|----------|--|
|   |          |  |
|   |          |  |
|   |          |  |
| Total<br>(Enter On Line 4, Page 1)                              |          |  |

**INCOME FROM PARTNERSHIPS, ESTATES AND TRUST**

**B-3**

| Name Of Partnership, Estate or Trust                              | Location | Your Share Of Income From Partnership, Estate or Trust | Your Share Of Tax Paid By Partnership, Estate or Trust |
|---|----------|--|--|
|   |          |  |  |
|   |          |  |  |
|   |          |  |  |
| Total<br>(Enter On Line 5, Page Land Tax Paid On Line 17, Page 1) |          |  |  |

**CONTRIBUTION DEDUCTION**

**B-4**

| Name Of Recipient (Government Of Liberia, Political Subdivision Thereof, or Charitable, Religious or Education Organization) |  |
|--|--|
|  |  |
|  |  |
|  |  |
| (a) Total Contributions  |  |
| (b) (i) Net Income From Line 8, Page 1 (Note; If Line 8, Page 1 Shows A Loss, No Contribution Deduction Is Allowed By Law)   |  |
| (ii) Less: Exemption _____   |  |
| (iii) Less: Net Loss Carried Forward _____   |  |
| (iv) Net Taxable Income Before Contribution Deduction (If Loss, No Contribution Deduction Is Allowed) _____                  |  |
| (v) Enter Here 15% Of Net Taxable Income (Line (B) (iv))   |  |
| (vi) Enter Here And On Line 10, Page, The Lesser Of Line (A) or (B) (v)  |  |

**ESTIMATED TAX PAYMENTS**

**B-5**

| Date Of Payment | Receipt No. | Collector To Whom Paid | Amount Paid |
|-----------------|-------------|------------------------|-------------|
|                 |             |                        |             |
|                 |             |                        |             |
|                 |             |                        |             |

**Total**

(Enter On Line 1b, Page 1.)



## Profit (or loss) From Business or Profession

FOR THE YEAR ENDED \_\_\_\_\_  
 (Prepare A Separate Schedule F For Each Business Enterprise.  
 Attach To Individual Partnership or Corporation Income Tax Return)

Name \_\_\_\_\_

Business Name (If Applicable) \_\_\_\_\_

Business Address \_\_\_\_\_

Business Activity or Principal Product 1) Merchandising or trading   
2) Manufacturing or processing   
3) Rubber, logging, agricultural

A. Accounting Method. (1)  Cash (2)  Actual (3)  Other (Specify)

B. Method(S) Used In Valuing Closing Inventory

(1)  Cost (2)  Low Of Cost or Market (3)  Other (If Other Attach Explanation)

Was There Any Major Change in the Method Used Determining Qualities, Cost, or Valuations Between Opening and Closing Inventory (1)  Yes (2)  No

| Line | PART I INCOME  |  |  |
|------|--|--|--|
| 1.A  | Gross Receipt or Sales   |  |  |
| B    | Returns And Allowances Net Receipts or Sales (Subtract Line 1b From Line 1a)   |  |  |
| C    | Net Receipts or Sales (Subtract Line 1b From Line 1a)  |  |  |
| 2.   | Cost Of Goods Sold And /or Operations (Schedule F-1,2, or 3, Page 2)   |  |  |
| 3.   | Gross Profit (Subtract Line 2 From Line 1c)  |  |  |
| 4.   | Other Income (Attach Schedule)   |  |  |
| 5.   | TOTAL INCOME (Add Lines 3 And 4)   |  |  |
|      | PART II DEDUCTIONS   |  |  |
| 6    | Advertising And Public Relations   |  |  |
| 7    | Amortization   |  |  |
| 8    | Bad Debts From Sales or Services (Schedule F-4, Page3)   |  |  |
| 9    | Bank Charges   |  |  |
| 10   | Car And Truck Expenses   |  |  |
| 11   | Commissions  |  |  |
| 12   | Depletion  |  |  |
| 13   | Depreciation (Schedule F-5, Page 3)  |  |  |
| 14   | Dues And Publications  |  |  |
| 15   | Employee Benefit Programs  |  |  |
| 16   | Freight (Not Included In Cost Of Goods )   |  |  |
| 17   | Insurance  |  |  |
| 18   | Interest On Business Indebtedness (Schedule)   |  |  |
| 19   | Laundry And Cleaning   |  |  |
| 20   | Legal And Professional Services  |  |  |
| 21   | Office Supplies  |  |  |
| 22   | Postage  |  |  |
| 23   | Rent On Business Property (Schedule F-6, Page 4)   |  |  |
| 24   | Repairs (Attach Schedule Of Individuals Repair Items Over \$300)   |  |  |
| 25   | Supplies (Not Included In Cost Of Goods Sold)  |  |  |
| 26   | Taxes (Attach Schedule Listing Type Of Tax And Amount Of Each Tax Paid)  |  |  |
| 27   | Telephone  |  |  |
| 28   | Travel And Entertainment   |  |  |
| 29   | Utilities  |  |  |
| 30   | Wages (Not Included In Cost Of Goods = 1d)   |  |  |
| 31   | Total Deductions (Add Line 6 Through 30)   |  |  |
| 32   | Net Profit Of (Less) (Subtract Line 31 From Line 5)  |  |  |
|      | Enter Line 32 or Line 2 Page 1 or Individual Return, or On Line 1, Page 1 Of Partnership Return. Or On Line 1 Page 1 Of Corporation Return. . If More Than One Business Of Profession Is Owned, Attach A Schedule F For Each, Enterprise, Combine The Net Loss or Profit For All Businesses And Enter The Committed Net Profit (or loss) As Indicated Above. |  |  |



(Complete Only Cost Of Goods Schedule Below That Applies To the Business Activity Shown On Page 1)

| <b>COST OF GOODS SOLD (MERCHANDISING OR TRADING BUSINESS) F-1</b>                              |   |
|--|---|
| 1.   | Inventory At Beginning Year. (If Different From Last Year's Closing Inventory, Attach Explanation)  |
| 2a.  | Purchases   |
| B.   | Cost Of Items Withdrawn For Personal Use  |
| C.   | Net Purchases (Line 2a Less Line 2b)  |
| 3.   | Customs Duties, Consular Fees, Port Charges   |
| 4.   | Transportation In   |
| 5.   | Other Costs (Attach Schedule)   |
| 6.   | Sub-Total (Add Line 1, 2c, And 3 Through 5)   |
| 7.   | Inventory At End Of Year  |
| 8.   | COST OF GOODS SOLD (Subtract Line 7 From Line 6)  |
|  | Enter Line 8 On Line 2, Page 1  |
| <b>COST OF GOODS SOLD (MERCHANDISING OR TRADING BUSINESS F-2</b>                               |   |
| 1.   | Raw Materials Inventory At Beginning Of Year  |
| 2a   | Purchases   |
| B.   | Customs Duties, Consular Fees, Port Charges   |
| C.   | Transportation In   |
| D.   | Others Costs (Attach Schedule)  |
|  | Total Cost Of Purchases (Add Line 2a Through 2d)  |
| 3a.  | Sub-Total (Add Line 1 And 2a)   |
| 4b.  | Raw Materials Inventory At End Of Year  |
| 5c.  | Raw Materials Consumed (Subtract Line 4 From Line 3)  |
| 6.   | Direct Labor Costs  |
| 7.   | Other Factory Overheads (Attach Schedule)   |
| 8.   | Sub-Total (Add Line 5,6, And 7)   |
| 9a.  | Work In Process Inventory, Beginning Of Year  |
| B.   | Work In Process Inventory, Beginning Of Year  |
| C.   | Net Charge In Work In Process Inventory (Subtract Line 9b Form 9a)  |
| 10.  | Cost Of Goods Manufactured (Add, or Subtract If Negative Figure, Line 9c To/From Line 8)  |
| 11a.   | Finished Goods Inventory At Beginning Of Year   |
| B.   | Finished Goods Inventory At End Of Year   |
| C.   | Net Charge In Finished Goods Inventory (Schedule Line 11b Form Line 11a)  |
| 12.  | COST OF GOODS SOLD (Add, or Subtract If Negative Figure, Line 11c To/From Line 10   |
| NOTE   | : Enter Line 12 On Line 2, Page 1. If Any Of The Inventories At Beginning Of Year Is Different From Last Year's Closing Inventories, Attach Explanation |
| <b>COST OF GOODS SOLD, (LOGGING BUSINESS, RUBBER FARM OR OTHER AGRICULTURAL ENTERPRISE F-3</b> |   |
| 1.   | Inventory Of Unprocessed/Party Processed Items At Beginning Of Year   |
| 2a.  | Inventory Of Consumables, Chemicals, Etc. At Beginning Of Year  |
| B.   | Purchases During The Year   |
| C.   | Sub-Total (Add Lines 2a And 2b)   |
| D.   | Inventory Of Consumable, Chemicals, Etc. At End Of Year   |
| E.   | Cost Of Consumables, Chemicals, Etc. Consumed During The Year (Subtract Line 2d From Line 2c)   |
| 3.   | Direct Labor Costs  |
| 4.   | Transportation Costs  |
| 5.   | Other Direct Expenses (Attach Schedule)   |
| 6.   | Sub-Total (Add Lines, 1, 2e And 3 Through 5)  |
| 7.   | Inventory Of Unprocessed/Partly Processed Items At End Of Year  |
| 8.   | COST OF GOODS SOLD (Subtract Line 7 From Line 6)  |
|  | Enter Line 8 On Line 2, Page 1  |



**BAD DEBTS**  
(USE ONLY PART OR PART II) F-4

**PART 1 – SPECIFIC BAD DEBTS**  
**(List Only Bad Debts Related To Income Producing Activities)**

| Name Of Debtor | Year In Which Debt Arose | Reason Debt Is Worthless | Amount |
|----------------|--------------------------|--------------------------|--------|
|                |                          |                          |        |
|                |                          |                          |        |
|                |                          |                          |        |
|                |                          |                          |        |
|                |                          |                          |        |
|                |                          |                          |        |
|                |                          |                          |        |
|                |                          |                          |        |
|                |                          |                          |        |
|                |                          |                          |        |
|                |                          |                          |        |

Others (List On Separate Schedule And Include Total Here) \_\_\_\_\_  
**TOTAL BAD DEBTS (Enter Online 8, Page 1)**

| LINE NO  | PART II – PERCENTAGE ALLOWANCE FOR BAD DEBTS                              |  |  |
|--|---|--|--|
| 1a.  | Credit Sales For This Year  |  |  |
| B.   | Less Return And Allowances (On Credit Sales Only)                         |  |  |
| C.   | Net Credit Sales For This Year (Subtract Line 1b Form Line 1a)            |  |  |
| 2.   | One Half Of One Percent (1/2%) Of Line 1c                                 |  |  |
| 3.   | Limitation:   |  |  |
| A.   | Balance In Reserve For Bad Debts At Beginning Of Year                     |  |  |
| B.   | Subtract Bad Debts Consider Irrecoverable This Year                       |  |  |
| C.   | Add: Bad Debts Recovered During This Year                                 |  |  |
| D.   | Add: Addition To Reserve (Line 2, Above)                                  |  |  |
| E.   | Balance In Reserve For Bad Debts At End Of Year (Line 3a Through Line 3d) |  |  |
| F.   | 5% Of Accounts Receivable At End Of Year                                  |  |  |
| 4.   | If Line 3e Is Greater Than Line 3f, Enter The Difference Here             |  |  |
| 5.   | Allowance Addition To Reserve (Subtract Line 4 From Line 2)               |  |  |
| *Do Not Include Sales Between Associated Enterprises, or Credit Sales To GoL or Any Department Thereof |   |  |  |

**DEPRECIATION** F-5  
(If You Need More Space, Please Attach Separate Schedule)

| (A)<br>Description Of Property | (B)<br>Date Acquired | (C)<br>Cost or Other Basis | (D)<br>Depreciation Allowed or Allowable In Prior Year | (E)<br>Method Of Computing Depreciation | (F)<br>Life or Rate | (G)<br>Depreciation For This Year |
|--------------------------------|----------------------|----------------------------|--|---|---------------------|-----------------------------------|
| Building                       |                      |                            |  |   |                     |                                   |
| Furniture And Fixtures         |                      |                            |  |   |                     |                                   |
| Transportation Equipment       |                      |                            |  |   |                     |                                   |
| Machinery And Other Equipment  |                      |                            |  |   |                     |                                   |
| Other (Specify)                |                      |                            |  |   |                     |                                   |
|                                |                      |                            |  |   |                     |                                   |
|                                |                      |                            |  |   |                     |                                   |
|                                |                      |                            |  |   |                     |                                   |
|                                |                      |                            |  |   |                     |                                   |
|                                |                      |                            |  |   |                     |                                   |

- 1. TOTALS \_\_\_\_\_
- 2. Depreciation Claimed In Schedule F-1,2 or 3 \_\_\_\_\_
- 3. Balance (Subtract Line 2 Form Line 1) Enter Here And On Line 13, Page \_\_\_\_\_

NOTE: All Sales of Assets Must Be Reported On Schedule H. Gain on Sale or Property



| <b>RENTAL PAYMENTS ON BUSINESS PROPERTY</b>   |                                 |                             |                                     |
|---|---------------------------------|-----------------------------|-------------------------------------|
| Name Of Lessor or Sub-Lessor  | Address Of Lessor or Sub-Lessor | Location Of Leased Property | Amount Of Rent Paid During The Year |
|   |                                 |                             |                                     |
|   |                                 |                             |                                     |
|   |                                 |                             |                                     |
|   |                                 |                             |                                     |
|   |                                 |                             |                                     |
|   |                                 |                             |                                     |
|   |                                 |                             |                                     |
|   |                                 |                             |                                     |
| Other (List On Separate Schedule Additional Properties Rented And Other Amount Of Rent Paid On This Line) |                                 |                             |                                     |
| Total Business Rent Paid (Enter On Line 23, Page 1 )  |                                 |                             |                                     |

**BALANCE SHEET**

(Complete This Schedule ONLY if this Schedule F Is For A Sole Proprietorship And Net Receipts On Line 1c, Page 1 Exceed \$50,000. Balance Sheets Corporations And Partnerships Are On Separate Tax Returns).

| LINE NO | ASSETS  | Beginning Of Taxable Year |            | End Of Taxable Year |            |
|---------|---|---------------------------|------------|---------------------|------------|
|         |   | (A) Amount                | (B) Amount | (A) Amount          | (B) Amount |
| 1.      | Cash  |                           |            |                     |            |
| 2.      | Trade Notes And Accounts Receivable                                       |                           |            |                     |            |
|         | (a) Less: Allowance For Bad Debts   |                           |            |                     |            |
| 3.      | Inventories   |                           |            |                     |            |
| 4.      | Other Current: Assets (Attach Schedule)                                   |                           |            |                     |            |
| 5.      | Mortgages And Real Estate Loans, Other Investments (Attach Schedule)      |                           |            |                     |            |
| 6.      | Other Investment (Attach Schedule)  |                           |            |                     |            |
| 7.      | Buildings And Other Fixed Depreciative Assets                             |                           |            |                     |            |
|         | (a) Less: Accumulated Depreciation  |                           |            |                     |            |
| 8.      | Depletable Assets   |                           |            |                     |            |
|         | (a) Less: Accumulated Depletion   |                           |            |                     |            |
| 9.      | Land (Not Of Any Amortization)  |                           |            |                     |            |
| 10.     | Intangible Assets (Amortizable Only)                                      |                           |            |                     |            |
|         | (a) Less: Accumulated Amortization  |                           |            |                     |            |
| 11.     | Other Assets (Attach Schedule)  |                           |            |                     |            |
| 12.     | <b>TOTAL ASSETS (Add Lines 1 Through 11)</b>                              |                           |            |                     |            |
|         | <b>LIABILITIES AND PROPRIETOR'S EQUITY</b>                                |                           |            |                     |            |
| 13.     | Accounts Payable  |                           |            |                     |            |
| 14.     | Mortgages, Notes And Bonds Payable In Less Than 1 Year                    |                           |            |                     |            |
| 15.     | Other Current Liabilities (Attach Schedule)                               |                           |            |                     |            |
| 16.     | Mortgages, Notes, And Bonds Payable In 1 Year or More                     |                           |            |                     |            |
| 17.     | Other Liabilities (Attach Schedule)                                       |                           |            |                     |            |
| 18.     | Total Liabilities   |                           |            |                     |            |
| 19.     | Proprietor's Equity   |                           |            |                     |            |
| 20.     | <b>TOTAL LIABILITIES AND PROPRIETOR'S EQUITY (Add Line 13 Through 19)</b> |                           |            |                     |            |



DOMESTIC TAX DEPARTMENT

**Scheduled G**

**INCOME FROM RENTS AND ROYALTIES**

For The Year Ended \_\_\_\_\_

(Attach To Individual, Partnership or Corporation Income Tax Return)

|           |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Your Name | TIN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|                                    |
|------------------------------------|
| Your Business Name (If Applicable) |
|------------------------------------|

|  |
|--|
|  |
|  |

**PART I: DESCRIPTION AND LOCATION OF PRIORITIES**

|            |  |  |
|------------|--|--|
| Property A |  |  |
| Property B |  |  |
| Property C |  |  |
| Property D |  |  |

**PART II: COMPUTATION OF PROFIT (OR LOSS)**

| PROPERTY      | (A)<br>Amount Of Rent & Royalties | (B)<br>Depreciation (Part III) | (C)<br>Other Expenses (Part IV) | (D)<br>Net Income (or loss) |
|---------------|-----------------------------------|--------------------------------|---------------------------------|-----------------------------|
| A.            |                                   |                                |                                 |                             |
| B.            |                                   |                                |                                 |                             |
| C.            |                                   |                                |                                 |                             |
| D.            |                                   |                                |                                 |                             |
| <b>TOTALS</b> |                                   |                                |                                 |                             |

Enter Amount Of Net Income (or loss), Column (D), On Line 3, Page 1, Individual Return, or On Line 2, Page 1 Of Partnership Return, On Line 2, Page 1 Of Corporation Return

**PART III: DEPRECIATION**

| Property | Date Acquired | Cost (Less Kind) | Estimated Life | Depreciation Allowed In Prior Years | Depreciation Claimed This Year |
|----------|---------------|------------------|----------------|-------------------------------------|--------------------------------|
| A.       |               |                  |                |                                     |                                |
| B.       |               |                  |                |                                     |                                |
| C.       |               |                  |                |                                     |                                |
| D.       |               |                  |                |                                     |                                |

Enter Depreciation For Each Property In Part II, Column (B), Above

| Property | Repairs | Interest Paid | Real Estate Tax Paid | Reality Lease Tax Paid | Other | Total |
|----------|---------|---------------|----------------------|------------------------|-------|-------|
| A.       |         |               |                      |                        |       |       |
| B.       |         |               |                      |                        |       |       |
| C.       |         |               |                      |                        |       |       |
| D.       |         |               |                      |                        |       |       |

Enter Totals for Each Property in Part II, Column (C) Above



**LRA**  
LIBERIA REVENUE AUTHORITY

DOMESTIC TAX DEPARTMENT

Scheduled H

**GAIN ON SALES OF PROPERTY**

**FOR THE YEAR ENDED** \_\_\_\_\_

(Attached To Individual, Partnership or Corporation Tax Return)

|      |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name | TIN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Business Name (If Applicable)

Business or Residence Address

**PART 1: DESCRIPTION OF PROPERTY SOLD OR TRANSFERRED**

| Property | Type Of Property Sold | Location Of Property | Name And Address Of Purchaser |
|----------|-----------------------|----------------------|-------------------------------|
| A.       |                       |                      |                               |
| B.       |                       |                      |                               |
| C.       |                       |                      |                               |
| D.       |                       |                      |                               |
| E.       |                       |                      |                               |

Types Of Property "As Land, Building, Vehicle, Machinery, Etc."

**PART II: COMPUTATION OF GAIN**

| Property | Selling Price – Cash or Fair Market Value Of Property Received | Adjusted Cost From Part III Below | Gain (or loss) |
|----------|--|-----------------------------------|----------------|
| A.       |  |                                   |                |
| B.       |  |                                   |                |
| C.       |  |                                   |                |
| D.       |  |                                   |                |
| E.       |  |                                   |                |

Total Gain On Property Sold  
Enter On Line 6, Page 1 Of Individual Return, Line 3, Page 1 Of Corporation Return.

\*Are Neither Deductible, Nor Can They Be Offset Against Gains.

**PART III COMPUTATION OF ADJUSTED COST (Business or Rental Properties Only)**

| Property | (A) Original | (B) Depreciation, Depletion or Amortization Claimed | (C) Adjusted Cost (Column (A) Less Column (B)) |
|----------|--------------|---|--|
| A.       |              |   |  |
| B.       |              |   |  |
| C.       |              |   |  |
| D.       |              |   |  |





## INDIVIDUAL INCOME TAX RETURN – COMPLETION NOTES

| NO. |  |
|-----|--|
| 1.  | Enter All Incomes Received From Employment During The Year And Attach A Schedule Of All Cash And Noncash Benefits And Taxes Withheld. Where There Are Several Employments, Attach Separate Statements, As Set Out In Schedule B-1.   |
| 2.  | If You Are Engaged In Any Business, Enter Income (or loss) From Business And Profession And Attach A Profit or Loss Statement For The Period. Where Your Income Is Only From Employment, Ignore This Line.   |
| 3.  | If You Own Property, Enter Any Rents or Royalties Received And Attach A Statement Of Rent or Royalty Received Indicating The Date And Period Of Rental.  |
| 4.  | Enter All Dividends And Interests Received And Attaché A Schedule Of The Amount Received Indicating The Name And Address Of Payer And The Amount As Well As Taxes Withheld, As Set Out In Schedule B-2.  |
| 5.  | If You Are In A Partnership, Estates or Trusts Enter Income From The Partnership, Estates And Trusts And Attach A Schedule Of Income And Taxes Paid, As Set Out In Schedule B-3. State The Name And Location Of The Partnership, Estates or Trusts, As Well As Your Share From These. Also Do Indicate The Tax Paid On Your Share Of The Income. |
| 6.  | If You Have Sold Any Property During The Year, Enter All Gains On Sale Of Property During The Year And Attach A Schedule Indicating The Date Of Purchase E Of The Property, Cost Of The Property And The Value The Property Sold As Stated In Schedule F.  |
| 7.  | Enter Any Other Income And State The Nature And Source Of The Income, Where Such Income Is Not Set Out In Any Of The Line Items Above. Attach A Schedule.  |
| 8.  | Enter The Total Amount Of Lines 1 Through 7 Above.   |
| 9.  | Enter The Amount Exempt From Tax (Note: *** We Understand The Figure On The Current Form Needs To Be Revised).   |
| 10. | Enter Total Of Schedule B-4 On Page 2. This Includes Any Approved Donations And Contributions To Approved Organizations. The Name And Address Of The Recipient As Well As The Purpose Of The Donation With Accompanying Evidence Of Receipt By The Done Is Required To Be Attached.  |
| 11. | Where You Are In Business, Enter Net Loss From Business Carried Forward From The Previous Year, Attaching The Necessary Computations Evidencing The Loss. This Is Not Required If Your Sole Source Of Income Is From Employment.   |
| 12. | Enter The Total Of Lines 9 Through 11 As Total Deductions.   |
| 13. | Enter The Difference Between Line 12 And Line 8 As The Net Taxable Income or Loss.   |
| 14. | Enter The Tax Using The Tax Table To Calculate The Tax And If It Is A Loss Enter Nil   |
| 15. | Enter The Total Taxes Withheld From Wages And Salaries From Schedule B-1.  |
| 16. | Enter The Total Of Estimated Tax Payments From Schedule B-5.   |
| 17. | If You Are Earning Income From A Partnership, Estate or Trust, Enter Taxes Paid On Partnerships, Estate or Trust Income From Schedule B-3.   |
| 18. | Enter The Total Of Line 15 Through Line 18 Representing Total Tax Credits.   |
| 19. | If Any, Enter Penalties And Interest Assessed For The Period.  |
| 20. | Enter Any Tax Due For Payment or Any Claim For Overpayment. Line 14 Less Line 19 Plus Line 20.   |



## INDIVIDUALS

| <b>FIELD/LABEL</b>                            | <b>EXPLANATORY NOTES</b>  |
|---|---|
| 1a. Reason For Submitting Form                | Taxpayer Is To Check or Mark An <b>X</b> In The First Box If Taxpayer Is Either Doing A New Registration or Re-Registering His/Her Business; If You Want To Modify Certain Data or Information In Your Business Registration Document You Proceed To The Second Box; And You Mark The Third Box If You Want To Close Your Business.   |
| 1b. TIN (For Modify or Closure Only)          | The Taxpayer Should Indicate The Existing TIN In This Field Once Taxpayer Wants To Modify or Close The Existing Business.   |
| 2a. Individual Information                    | Taxpayer Is To Mark An <b>X</b> or Check In The First Box If He/She Is An Individual Taxpayer or Do Likewise In The Second Box If Taxpayer Owns or Has A Sole-Proprietorship.   |
| 2b. Title                                     | Title Refers To Name or Heading. Taxpayer Is To Indicate His/Her Title, I.E. Mr./Mrs./Ms./Dr./Rev./Cllr., Etc.  |
| 2c,D & E. Individual Information              | The Three Fields Must Indicate The Individual Taxpayer, First, Middle And Last Name Respectively.   |
| 2f. Identification Type                       |   |
| 2g. Identification Number                     | The Taxpayer Should Indicate The Number Of The Document Selected In This Field.   |
| 2h. Employer NASSCORP #                       | Taxpayer Should Indicate His or Her National Social Security Number In This Field.  |
| 2l. Nationality                               | The Taxpayer Is To Indicate His or Her Language (Nationality) In This Field.  |
| 2j. Place And Country Of Issuance             | Taxpayer Must Indicate The Country And Exact Location Where The Document Was Issued or Given.   |
| 2K. Gender                                    | Taxpayer Should Mark <b>X</b> In The Box, <b>M</b> (Designated For Male) And <b>X</b> In The Box <b>F</b> (Designated For Female).  |
| 2m. Date Of Birth                             | Taxpayer Should Indicate His or Her Birth Date In This Field; That Is The Month, Day And Year.  |
| 2n. Place And Country Of Birth                | Taxpayer Should Indicate His or Her Country Of Birth, To Include, Town And City In This Field.  |
| 2o. Marital Status                            | Taxpayer Must Indicate His or Her Marital Status In This Field By Stating Whether He or She Is Married, Single, Divorced, Widow(er), Separated, Etc.  |
| 2p. Occupation                                | The Taxpayer Is To State In This Field His or Her Occupation; That Is What He or She Does For Living (The Kind Of Work/Job That He or She Does; The Taxpayer's Profession, Work, or Career).  |
| 2q. Mobile #                                  | The Mobile Number Of The Individual/Taxpayer Should Be Indicated In This Field.   |
| 2r. E-Mail                                    | The E-Mail Address Of The Individual/Taxpayer Should Be Indicated In This Field.  |
| 2s. Home/Work/Fax #                           | The Taxpayer's Home, Work or Fax Number Should Be Indicated In This Field.  |
| 2t. Father's Full Name                        | The Individual/Taxpayer's Father's Full Name Must Be Indicated In This Field.   |
| 2u. Mother's Full Name                        | The Individual/Taxpayer's Mother's Full Name Must Be Indicated In This Field.   |
| 3a. Street And House #                        | In This Field Taxpayer Must Indicate The Name Of The Street And Number Of The Building In Which The Entity Is Located.  |
| 3b. Clear Description Of Location             | Taxpayer Should Clearly And Adequately Describe The Location Of The Entity.   |
| 3c. City/Village/Town                         | This Field Refers To The City, Village or Town In Which The Business Is Located.  |
| 3d. District                                  | The District In Which The Entity Is Located Must Be Indicated In This Field.  |
| 3e. County                                    | The County In Which The Business Is Situated Is To Be Indicated In This Field.  |
| 3f. Country                                   | The Country Where The Business Entity Is Located Must Be Indicated In This Field.   |
| 3g. P.O. Box                                  | Taxpayer Post Box Number Must Be Indicated In This Field.   |
| 3h. Resident Of Liberia                       | Taxpayer/Individual Must Indicate As To Whether He or She Is A Resident (Citizen) Of Liberia By Marking An <b>X</b> or Check In One Of The Boxes In This Field.   |
| 3j. If Not, What Is Your Country Of Residence | If Individual/Taxpayer Is Not A Resident Of Liberia, He or She Must Indicate His or Her Country Of Residence; Meaning Which Country He or She Is A Citizen Of.  |
| 4. Mailing Address(4a,B,C,D,E & F)            | The Six (6) Fields Are To Be Filled Out Exactly As The Fields In The Main Address (3a, B, C, D, E, & F).  |
| 5a. Fiscal Year Vs. Calendar Year             | Fiscal Year Refers To Taxpayer Financial or Monetary Year. This Means, When The Taxpayer Begins His Financial Operations And When He/She Closes The Financial or Monetary Transactions And or Operations. The Beginning Date And Ending Date Of The Taxpayer Business Transactions, Whereas, Calendar Year Is The Regular Year Which Runs From January To December Each Year. Taxpayer Should Mark An <b>X</b> In One Of The Boxes In This Field And Then Provide An Answer For 5b. |



|                                     |  |
|-------------------------------------|--|
| 5c. Total Business Size/Annual Over | Turnover Means Annual Gross Income, Earnings, Proceeds, Return, And Takings Of The Taxpayer. Taxpayer Should Indicate Their Annual Gross Earnings or Proceeds By Marking <b>X</b> In One Of The Three Boxes Which Will Also Indicate The Size Of The Business.   |
| 5d. Business & Activity Information | Taxpayer Must Mark <b>X</b> In One Of The Boxes To Indicate The Kind Of Business Activity That He/She Is Involved Into. Importer Means Taxpayer Bring Goods Into The Country For Sale; Taxpayer Sending Goods Out Of The Country For Sale Refers To Exporter; Landlord Means Real Property/ Real Estate Owner; Petty Trader Refers To Taxpayers Involved Into Small Business Such As, Waiter Market, Wheelbarrow Trade, Table Market, Small Market With Shade or Walls, Etc. (Petty Trader Has Three Categories, A, B, C ); Incidental Importer/Exporter Means Irregular or Intermittent Importer / Exporter; Self-Employed Refers To Those Who Render Services For Others And Get Pay For The Services Rendered. Self-Employed Could Be Plumbers, Carpenters, Painters, Housemaids, Chefs, Electricians, Mechanics, Drivers, Etc. |
| 5e. Do You Own Real Estate          | Taxpayer/Individual Is To Mark An <b>X</b> or Check In One Of The Boxes In This Field If He or She Owns A Real Estate or Not.  |
| 5f. Do You Pay Rent                 | If Taxpayer/Individual Pays Rent, He or She Should Mark An <b>X</b> or Check In The YES Box, If Not, Then The NO Box Will Be The Appropriate Area To Check or Mark An <b>X</b> .   |
| 6a. Employment                      | The Taxpayer Should Indicate His Employment Type By Marking An <b>X</b> In One Of The Two Boxes In The Field. Charity Means, Taxpayer In The Business Of Providing Aid or Donation On A Free Basis To Organizations or Individuals;  |
| 6b. Employment Type                 | Taxpayer Is To Select One And Indicate It On The Line Provided Below The Field. Also, Taxpayer Must Indicate Either The TIN or Name Of Employee/Contractor On The Line Below The 6c Field After Selecting The Employment Type  |
| 6e. Start Date                      | Taxpayer Must Indicate When He/She Began Such Employment   |
| 6f. End Date                        | Taxpayer Must Also Indicate When He/She Ended or Discontinued Such Employment.   |
| 6g. Main Activity                   | Taxpayer Should Indicate Main Employment Activity.   |
| 7. Shareholder & Ownership          | Shareholder & Ownership Is To Some Large Extent The Same With Small Differences. An Owner Of A Business Can Be A Shareholder Of The Business. The Other Way Around; Having Shares In A Business Means That You Are One Of The Owners Of The Business And That Decisions That Are Taken On Behalf Of The Business Must Include All Shareholders. One Cannot Be Divorced From The Other. Taxpayer Must Indicate That He/She Is Either or Not A Shareholder In The Business By Marking <b>X</b> In One Of The Two Boxes In The Field. If Taxpayer Marks <b>X</b> In The Yes Box, He/She Should Complete The Tables In The 7a, 7b &, 7c Fields.  |
| 8. Representative Information       | If For Some Reasons or Unavoidable Circumstances A Taxpayer Decides To Send A Representative To Conduct His Registration Process, He/She Must Mark An <b>X</b> In The Yes Box In Field 8a And Then Complete Fields 8b, 8c, 8d And 8e. A Representative Of A Taxpayer Is Someone Who Renders Service For A Particular Taxpayer And Is Not Necessarily In The Employ Of That Taxpayer. But If Taxpayer Doesn't Have A Representative, Then He/She Should Mark <b>X</b> In The No Box, Thereby Stopping Him/Her From Completing The Rest Of The Other Fields.   |
| 9a. Certification (Full Name)       | The Full Name Of The Taxpayer Should Be Written In This Field.   |
| 9b. Position                        | The Taxpayer Position Is To Be Indicated Also In This Field.   |
| 9c. Signature                       | After Filling Up The Registration Form, The Taxpayer Should Pen His Signature In This Field.   |
| 9d. Date                            | The Date In Which The Registration Form Is Completed By The Taxpayer Must Be Indicated By The Taxpayer In This Field.  |
| 9e. Mobile/Phone #                  | Taxpayer Must Indicate His or Her Mobile/Phone Number In The Field Upon Completing The Filling Out Of The Registration Form.   |