



**TCC01**

(Rev. Aug 2017)  
Republic of Liberia  
Liberia Revenue Authority  
Domestic Tax Department



**TAX CLEARANCE CERTIFICATE REQUEST FORM**

DATE: \_\_\_\_\_

1. NAME OF TAXPAYER: \_\_\_\_\_

2. TAXPAYER'S IDENTIFICATION NUMBER (TIN): \_\_\_\_\_

3. TYPE OF BUSINESS:

Corporation      Partnership      Sole-proprietorship      Individual

4. BUSINESS ACTIVITY/TYPE:

Merchandising      Service      Import      Export

Logging      Telecommunication      Others

5. TAXPAYER'S ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_ DISTRICT \_\_\_\_\_

TEL NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

6. MAIN CONTACT PERSON \_\_\_\_\_

TEL.NO \_\_\_\_\_

7. PURPOSE \_\_\_\_\_

8. TAX DIVISION:

Large Tax      Medium Tax      Small Tax

9. TYPE OF TAX CLEARANCE      Regular      Provisional      Annual