



REPUBLIC OF LIBERIA
DEPARTMENT OF REVENUE
MINISTRY OF FINANCE
MONROVIA, LIBERIA

TCC-6

TAX CLEARANCE CERTIFICATE

1. NAME OF TAXPAYER _____
 2. TAXPAYER IDENTIFICATION NUMBER (TIN)
 3. BUSINESS ACTIVITY _____
 4. TAXPAYER ADDRESS _____
 5. COUNTY _____ 6. TEL. _____ 7. E-MAIL _____
 8. MAIN CONTACT PERSON _____ 9. TEL. _____

CATEGORY	Individual <input type="checkbox"/>	<u>PURPOSE FOR CLEARANCE</u>		TAXPAYER'S SIZE	
	Sole Proprietorship <input type="checkbox"/>				Small <input type="checkbox"/>
	Partnership <input type="checkbox"/>				Medium <input type="checkbox"/>
	Corporation <input type="checkbox"/>				Large <input type="checkbox"/>
	Other Legal Entity <input type="checkbox"/>				

THIS IS TO CERTIFY FROM INFORMATION AVAILABLE THAT THE ABOVE NAMED TAXPAYER HAS FULLY COMPLIED WITH THE FOLLOWING TAX OBLIGATIONS AS CHECKED AND IS CURRENT WITH BOTH FILING AND PAYMENT OF TAXES.

<u>BUSINESS REGISTRATION</u> Registration <input type="checkbox"/> Professional License Fee <input type="checkbox"/> Other License Fee <input type="checkbox"/> Resident Permit <input type="checkbox"/> Work Permit <input type="checkbox"/>	<u>GOODS AND SERVICE TAX</u> Goods Tax <input type="checkbox"/> Service Tax <input type="checkbox"/>
<u>BUSINESS INCOME TAX</u> 2% Turnover Tax <input type="checkbox"/> 4% Turnover Tax <input type="checkbox"/> Annual Income Tax Return <input type="checkbox"/> Additional Assessment <input type="checkbox"/> Rental Income Withholding (Resident / Non-Resident) <input type="checkbox"/>	<u>CUSTOMS</u> Customs Duties <input type="checkbox"/> Short Payment <input type="checkbox"/>
<u>PERSONAL INCOME TAX</u> Wages/Salaries Withholding <input type="checkbox"/> Rent Withholding (Resident / Non-Resident) <input type="checkbox"/> Self-employed Withholding <input type="checkbox"/> Personal Withholding <input type="checkbox"/> Additional Assessment <input type="checkbox"/> Other Withholding Taxes <input type="checkbox"/>	<u>EXCISE</u> Excise Taxes <input type="checkbox"/> Additional Assessment <input type="checkbox"/>
	<u>MOTOR VEHICLE REVENUE</u> Vehicle Registration <input type="checkbox"/> Driver's License <input type="checkbox"/>
	<u>REAL PROPERTY TAXES</u> Land Tax <input type="checkbox"/> Building Tax <input type="checkbox"/>

THIS CLEARANCE IS VALID FOR 90 DAYS AS OF THE DATE OF ISSUANCE

GIVEN UNDER OUR HANDS AND SEAL THIS

_____ DAY OF _____ A. D. _____

POK (Provisional OK)
 PAR (Problem, Arrangement Reached)
 N/A Not Applicable

PRINCIPAL DIRECTOR

COMMISSIONER/DEPUTY COMMISSIONER
BUREAU OF INTERNAL REVENUE

LTD
 MTD
 STD