



OGUN STATE GOVERNMENT INTERNAL REVENUE SERVICE



INCOME TAX FORM FOR RETURN OF INCOME AND CLAIMS FOR ALLOWANCES AND RELIEFS

Form A

RETURNS FOR INCOME TAX YEAR 20__

Form No: _____

PART A: PERSONAL PARTICULARSApplicable during the YEAR ENDED 31ST DECEMBER, 20__
Please complete/fill this form in BLOCK/CAPITAL letters.

UTIN No: _____

Name in Full		
SURNAME	FIRST NAME	MIDDLE NAME
Title (Mr./Mrs./Ms. /Others)	Marital Status (Married / Single/ Others)	Date of Birth DD / MM / YYYY
Current Residential Address		
HOUSE/PLOT NO	STREET	
TOWN AREA	LG/LCDA	STATE
Nationality	Occupation	
Contact Tel. No(s)	e-mail	
Name and Address of Employer/Business		
HOUSE/PLOT NO	STREET	
TOWN/AREA	LG/LCDA	STATE
If any change in the above circumstances had occurred during or since the year ended 31st December 20__		
Give particulars and dates:		
Date of arrival in or departure from Nigeria	Arrival DD / MM / YYYY	Departure DD / MM / YYYY
Residence at 1st January 20__	(Give full address not a P.O. Box)	

If married state spouse

Name in Full	Date of Birth DD / MM / YYYY
Employer/Business	Occupation
Employer's/Business' Address	
Type of Building occupied at the current residential address (Apartment, Town House, Standalone House, etc)	
If the accommodation is not owner occupier, state	
Annual Rent	Name of Owner
Address of Owner	
Phone No:	

Full Name of Children	Dates of Birth	Name & Address of Educational Establishment	Child's income in his or her own right (N)
	DAY / MONTH / YEAR		
	DAY / MONTH / YEAR		
	DAY / MONTH / YEAR		
	DAY / MONTH / YEAR		
	DAY / MONTH / YEAR		
	DAY / MONTH / YEAR		

PART B: STATEMENT OF INCOME FOR THE YEAR ENDED 31ST DECEMBER, 20__

- | | |
|---|---|
| (i) Trade, Business, Profession, Vocation etc. N
Annex copies of Accounts for the Year Ended 31st December 20__ | (v) Dividends from Nigerian Companies N
Other Dividends
(Enter the gross Amount before education of tax) |
| (ii) Employment: N
Salary N
Commissions, Bonuses etc N
Allowances N
(Annex details of each allowance paid on your behalf) | (vi) Interest N
(Annex a list giving details of each source and the gross income received therefrom) |
| (ii) Pension From N
Annuity From N
Gratuities N
(State name and Address of the Payer) | (vii) Rents
(Annex a list showing for each property, the amount of gross and other expenses) rent & or premium received therefrom and their repair rates |
| Income received in or brought into Nigeria from all sources outside Nigeria. N | (viii) Income in respect of other profits arising from sources not included above N
(Annex details of each source and the income therefrom) |
| Aggregate earned income from all sources (X) N | Aggregate investment income from all sources (Y) |

Note: When any source of income have been acquired or have ceased during this year ended 31st December, 20__ Annex particulars with date.

TOTAL INCOME (X + Y) N

PART C: BENEFITS IN KIND

a. Residential Address

1. As at 1st January, 20 ____

2. Change during the year

**For official
Use Only****Rateable
Value**

b. Rent Paid

_____	_____	_____
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c. Name and Address of Owner of Premises

d. Rent Paid by Employer

_____	_____	_____
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e. Rent Paid or Reimbursed by You

f. Names of Domestic Servants (e.g Maids, Drivers, Gardener, Watchmen, Cooks, Stewards, Cleaners etc

Names	Residential Address	Amount Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Annex a sheet for additional information on the above

Note: Please asterisk those paid for by your employer or a separate entity apart from self, and annex the details

g. Vehicle(s)

Date of Purchase	DD / MM / YYYY	Cost N	Brand	Model	Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please Annex a sheet for additional information on the above

Note: Please asterisk those paid for by your employer or a separate entity apart from self, and annex the details

PART D: THIS PORTION NEED NOT BE COMPLETED WHERE DETAILS OF BALANCE SHEET IS SUBMITTED (See PART B(ii))

Assets as at 31st December, 20 ____

h. Tangible Immovable Properties

			Cost of		
Houses/Farmland	Locality	Date Building Completed/Acquired	Produce (N)	Land (N)	Construction/ Acquisition (N)

Please Annex a sheet for additional information on the above

PART E: CLAIM FOR CAPITAL ALLOWANCES AND RELIEF ON INTEREST ON LOAN FOR MORTGAGE

- For the claim of capital allowance, annex statement showing full particulars of your claim as stated under the fifth Schedule to the Personal Income Tax Act No. 104 of 1993(as amended) in respect of assets used for the purpose of earning any of the income returned in PART B
- To claim relief on interest on mortgage loans for developing an owner-occupied residential house, amongst others provide:
 - Mortgage loan agreement (annex an acknowledge schedule by the mortgage institution the interest payment for the period).
 - Utility bill from the place of residence (not older than six (6) months) and any other relevant document.

PART F: ALLOWANCES FOR LIFE ASSURANCE , GRATUITIES, NHIS AND PENSION CONTRIBUTION (100% of sum paid)

Name of Company (Insurance/Employer/HMO/PFA)	whether on Life of Self or Spouse	Capital sum paid on death, excluding any bonus or additional benefit (N)	Premiums PAID during the year ended 31st December, 20 ____ (To the nearest N)

Note: CERTIFICATE/RECEIPT AS EVIDENCE OF PAYMENT MUST BE ATTACHED

PENALTY FOR DEFAULT

Please note that in accordance with the relevant laws, making false statements and returns or unlawful refusal/neglect to pay accurate tax will attract fine or imprisonment or both.

DECLARATION WHICH MUST BE COMPLETED AND SIGNED (PLEASE NOTE THAT IF THIS FORM WAS NOT COMPLETED BY THE TAX PAYER/RETURNEE, THE FORM MUST BE SIGNED BY THE PREPARER)

I, _____ hereby declare that information supplied in this form to the best of my knowledge and belief contains correct and complete statement of the amount of income from all sources. I understand that I may have to pay financial penalties and face prosecution if I give false information.

Given under my hand, this Day of 20 ____ (Signature/Thumb print of Returnee)_____



GUIDE TO COMPLETING TAX FORM A



GENERAL

Before completing this Form, you should carefully read the entire form and the guide notes or have same explained to you, • Complete/Fill this Form with BLOCK/CAPITAL/UPPER CASE LETTERS ONLY.

Taxpayers filing for Self-Assessment MUST attach a financial statement for the year ended.

"Returns for Income Tax Year..." relate to the current Year i.e. if filing is being done in 2016, you are to fill in 2016.

PART A - PERSONAL PARTICULARS

The applicable year end to be specified is the preceding year to the year of return i.e if the "Returns for Income Tax Year" is 2016 the applicable year ended would be "... year ended 31st December, 2015".

Please specify Title if 'Other'.

Please specify Marital Status if 'Other'.

All addresses should be in full as P.O. Box numbers are not accepted.

Employer/Business should state 'self-employed' with the name of Business if applicable.

PART B: STATEMENT OF INCOME FOR THE YEAR ENDED

Income stated in the sub section (i) - (iv) are earned income while sub section (v) (viii) are investment income. The addition of the aggregate earned income (X) and aggregate investment income (Y) amounts to the total Income for the stated year.

PART C: BENEFITS IN KIND

If the place of residence changes (From the stated address in No 1, state the new address in No 2.

Rent paid is the gross amount.

Salaries, wages or Allowances paid to domestic staff by employer should be asterisked (*).

Any Benefit paid for by the employer or a separate entity apart from self in this section should be asterisked (*) with details of the separate entity (Name, Contact telephone, address and relationship) attached.

PART D: THIS PORTION NEEDS NOT BE COMPLETED WHERE DETAILS OF BALANCE SHEET IS SUBMITTED

This section is to be completed only if the book of accounts is not attached as stated in PART B (I),

PART E: CLAIM FOR CAPITAL ALLOWANCES AND RELIEF ON INTEREST ON LOAN FOR MORTGAGE:

Approved capital allowances claim is to be attached.

All relevant documents to prove the interest paid on loans for developing an owner-occupied residential house or the year ended should be provided and the approved relief would be enjoyed in the following year.

PART F: ALLOWANCES FOR LIFE ASSURANCE, GRATUITIES, NHIS AND PENSION CONTRIBUTION

Certificate/receipts for all premium paid within the period should be attached.

NHIS - National Health Insurance Scheme.

HMO - Health Management Organisation.

PFA - Pension Fund Administrator.

CONSOLIDATED RELIEF ALLOWANCE (CRA) & RATES

Consolidated Relief Allowance is the higher of (i) and (ii) plus twenty per cent (20%) of the gross income. Where

(i) 1% of the gross income

(ii) Two hundred thousand naira (N200,000.00).

The Gross Income less CRA and statutory approved allowances (PARTS E & F) will be subject to the following graduated Tax rates

Tax rates		
First	N300,000.00	7%
Next	N300,000.00	11%
Next	N500,000.00	15%
Next	N500,000.00	19%
Next	N1,600,000.00	21%
Above	N3,200,000.00	24%

DECLARATION

In the case where the Returnee is unable to complete/fill this Form. He/She can be assisted by a 'Guardian'.

The thumb print of the Returnee must be validated by the Guardian (Name, Contact telephone, address, relationship and signature of the Guardian should be stated).

Note: 'Guardian' is defined as the individual that assisted the Returnee to complete/fill the Form

All other relevant additional documents you believe would support this return should be attached.