| attAL REVENUE OF  | KEBE      | BI ST/                 | ATE I   | NTE    | RNA    | L RE      | VEN      | UE S        | SER\   | /ICE      |       |        |         |         |              |     |
|---|-----------|------------------------|---------|--------|--------|-----------|----------|-------------|--------|-----------|-------|--------|---------|---------|--------------|-----|
| P. M. B. 1069, Sultan Abubakar Road, Birnin Kebbi, Kebbi State, Nigeria<br>Phone No.: +234 803 136 7300, Email: <u>info@irs.kb.gov.ng</u> , Website: <u>https://irs.kb.gov.ng</u> |           |                        |         |        |        |           |          |             |        |           |       |        |         |         |              |     |
| INDIVIDUAL TAXPAYER REGISTRATION FORM   |           |                        |         |        |        |           |          |             |        |           |       |        |         |         | RD<br>iment! |     |
| This form is to be co   |           |                        |         |        |        |           |          |             |        |           |       |        |         | Тахро   | ayer         |     |
| Identific PART 1: TIN TYPE*   | ationN    | lumbe                  | r (IIN) | . (PLE | ASE SP | ELL O     | UT ALL   | . WOR       | DS - N | IO AB     | BREV  | IATIC  | ONS)    |         |              |     |
|   | JTB       | 8.                     |         | stin.  |        |           |          |             |        |           |       |        |         |         |              |     |
| SECTION 2: PERSONAL DETAIL:<br>TITLE (tick one only)  | S<br>Mr.  |                        | Mrs.    |        | Ms.    | [         |          | )ther S     | pecify |           |       |        |         |         |              |     |
| FIRST NAME*   |           |                        |         |        |        |           |          |             |        |           |       |        |         |         |              |     |
| MIDDLE NAME(S)  |           |                        |         |        |        |           | _        |             |        |           |       | _      |         |         |              |     |
| SURNAME*  |           |                        |         |        |        |           |          |             |        |           |       |        |         |         |              |     |
| GENDER (tick one) *   | Ν         | MALE FEMALE OCCUPATION |         |        |        |           |          |             |        |           |       |        |         |         |              |     |
| DATE OF BIRTH*  |           |                        |         |        |        |           | MA       | rital s     | TATUS  |           |       |        |         |         |              |     |
| TOWN/CITY OF BIRTH  | $\square$ |                        |         |        |        |           |          | LGA/        |        | F         | Ŧ     |        |         |         |              |     |
| STATE OF ORIGIN   |           |                        |         |        |        |           |          | NATIC       | DNALIT | Y *       |       |        |         |         |              |     |
| PART 3: INDIVIDUAL CATEGORY<br>CATEGORY TYPE  |           |                        |         |        |        |           |          |             |        |           |       |        |         |         |              |     |
|   |           | SEL                    | .F EMPL | OYED   |        | EM        | PLOYEE   |             |        | E         | XPAT  | RIATE  |         |         |              |     |
|   |           | DTHER S                |         | /      |        |           |          |             |        |           |       |        |         |         |              |     |
| PART 4: RESIDENTIAL DATA  |           | JHILKS                 |         |        |        |           |          |             |        |           |       |        |         |         |              |     |
| HOUSE NO. *   |           |                        |         |        |        |           |          |             |        |           | -     |        |         |         |              |     |
| TOWN/DISTRICT*  |           |                        |         |        | STR    | EET       |          |             |        |           |       |        |         |         |              |     |
| WARD/LGA*   |           |                        |         |        |        | $\square$ |          |             |        | ST        | ATE   |        |         |         |              |     |
| PART 5: BUSINESS/EMPLOYER'S   |           | FSS (If i              | n Empl  | ovmer  | nt)    |           |          |             |        | 517       |       |        |         |         |              |     |
|   |           | 200 (// //             |         |        | ",<br> |           |          | <del></del> |        |           |       |        |         |         |              |     |
| NAME OF EMPLOYER *  |           |                        |         |        |        |           |          |             |        |           |       |        |         | _       |              |     |
| HOUSE/OFFICE NO*  | _         |                        |         |        |        |           |          |             | -      |           |       |        |         |         | <u> </u>     |     |
| STREET NAME*  |           |                        |         |        |        |           |          |             |        |           |       |        |         |         |              |     |
| TOWN/DISTRICT*  |           |                        |         |        |        |           |          |             |        |           |       |        |         |         |              |     |
| AREA  |           |                        |         |        |        |           |          |             |        |           |       |        |         |         |              |     |
| COUNCIL/LGA*  |           |                        |         |        |        |           |          |             | ZIP    | CODE      |       |        |         |         |              |     |
| COUNTRY *   |           |                        |         |        |        |           |          |             |        |           |       |        |         |         |              |     |
| PART 6: CONTACT DETAILS   |           |                        |         |        | •      |           | •        |             |        |           |       |        |         |         |              |     |
| MOBILE NUMBER*  |           |                        |         |        |        |           |          |             |        | 1         |       |        |         |         |              |     |
| E-MAIL  |           |                        |         |        |        |           |          |             |        |           |       |        |         |         |              |     |
| PART 7: IDENTIFICATION  |           |                        |         |        |        |           |          |             |        |           |       |        |         |         |              |     |
| Bank Verification Numbe<br>Joint Tax Board (JTB) TIN  | r (BVN)   | *                      |         |        |        |           |          |             |        | $\square$ |       |        |         |         |              |     |
| National Identification Nu  | Jmber     | (NIN) *                |         |        |        |           |          |             |        |           |       |        |         |         |              |     |
| SECTION 8: DECLARATION*   |           |                        |         |        |        |           |          |             |        |           |       |        |         |         |              |     |
| l,  |           |                        |         |        | C      | leclar    | e that t | the info    | ormati | on giv    | en at | oove i | s corre | ect and | d comple     | ete |
|   |           |                        |         |        |        |           |          |             |        |           |       |        |         |         |              |     |
| SIGNATURE   |           |                        |         |        |        | DA        | TE       |             |        |           |       |        | D       | D/MM    | /YYYY        |     |

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