



NATIONAL REVENUE AUTHORITY

Domestic Tax Department (DTD)

Republic of Sierra Leone

TAXPAYER INFORMATION FORM

DTD 001B

FOR: Individual contractors,
sole Proprietors, partners
and shareholders

Section A

Name of Individual/ Proprietor [1]
 Trading Name [2]

Taxpayer Identification No.(TIN) {if any} [3] -
 Trading Commenced (or will commence) [4] Day / Month / Year

Business Address [5] Street
 Town/District/Region / /

Telephone No. and E-mail [6] Land Line Mobile
 Email Address
 Web site Adress
 skype or other social network address

Nationality [7] Mark "X" in appropriate box.. Citizen Multiple Entry Visitor
 Identification Type [8] Driver's license Passport National ID Card Voter's ID ID Expiry Date(dd/mm/yyyy) [10]
 Residence Status [9] Permanent Resident Temporary Visitor

Type of Taxpayer (Tick One) [11] Individual Contractor Sole Proprietor Partners Shareholder
 Others If others specify [12] :.....

Registration date(dd/mm/yyyy [13] / / Registration Number [14]

Business Relationships (if you are in more than two business relation, attach other list and tick here)
 Company TIN 1 [15] - Partnership TIN 1 [17] -
 Shareholder Amount 1 [16] partner percentage 1 [18]
 Company TIN 2 [15] - Partnership TIN 2 [17] -
 Shareholder Amount 2 [16] partner percentage 2 [18]

Describe your business activites. E.g.restaurant,spare parts[19]

Annual Turnover [20] Sector (see note for help) [21] Auditor [22]

	<u>Contact Person [23]</u>	<u>Position</u>	<u>Phone No.</u>	<u>Email Address</u>
1				
2				
3				

Section B **CERTIFICATE**

[24] I declare that the informaton given above are correct and complete
 (Full name of signatory in BLOCK LETTERS)
 Position .Eg Proprietor, Owner etc [25] Signature Date Day / Month / Year

Section C **FOR NRA OFFICIAL USE ONLY**

Approved by officer [26] Tax centre [27] Business Sector Code [28]
 Entered By [29] Taxpayer Identification No.(TIN) [30] -

DTD 001B COMPLETION NOTES

Request for next form -DTD 002 .If you have branch(es) please ask for 'DTD 003A Form' for the Branch(es)

If you need clarification or assistance in completing this form please contact the Domestic Tax Department,17/19 Wellington Street, Freetown

GUIDANCE NOTES

This form is to be filled by operators of Sole Proprietorship and Individual only.

Attach photocopies of Certificate of Registration and National ID Card/Passport/Driver's License for Sierra Leoneans and in the case of Non-Sierra Leoneans photocopies of Certificate of Registration, Passport and Residence Permit. Request for the other two forms-**DTD002** and **DTD 003A** to complete the DTIS registration.

Box Number

- 1** - Title (Mr./Mrs./Miss/Dr.) followed by other name (s) and surname of the owner of the business
 - 2** - Enter name of business as entered on Certificate of Incorporation.
 - 3** - Enter your Taxpayer Identification Number (TIN).
 - 4** - Enter the date you started trading or intend to commence your trading
 - 5** - Enter details for your principal place of business - the address from which your day to day business affairs are conducted.
 - 6** - Enter details for your principal place of business - the address from which your day today business affairs are conducted. Current E-mail address, number of land- line and mobile phone of the business, Web siteaddress, Skpye address or any social networking address.
 - 7-10** - Enter the County you belong, your ID number and the date it will expire. Your residence status.
 - 11-12** - Tick the box as applicable. For "other" five further deatils at box'12'
 - 13-14** - The Registration number on the Administrot and Registrar General 's Certificate. Every registered business must have this number/ TIN and date of registration. This information must be provided.
 - 15-16** - The TIN(s) of the amount of shares of the company in which you are a shareholder
 - 17-18** - The TIN(s) of the amount of shares of the Partnership in which you are a partner
 - 19** - State the main business activity(ies) or type of goods and services your are engaged in.
 - 20** - Enter the total value of sales/turnover for the last 12 month period).
 - 21** - Choose the applicable Sector: Aerospace, Defence and Marine, Agriculture & Agri-processing, Chemicals, Clothing & Textiles Construction & Materials, Creative Industries;Delivery Services/Logistics, Education, Electronics; Energy; Engineering; Environment & Waste; Gaming and Betting; Mining and Extractive Industries; Financial Services; Fisheries & Marine Resources; Food and Drink, Forestry; Healthcare; Pharmaceuticals & Biotechnology; ICT - Information & Communication Technology; Insurance; Manufacturing; Media; Mining & Metals; Oil & Gas; Personal & Household Goods; Public Sector Entity; Research & Development; General Merchandise, Sports and Recreation; Technical Consultancy; Telecommunications; Tourism & Leisure; Transportation and Vehicles; Utilities; Water;
 - 22** - Name of External Auditor/ Accounta of the business
 - 23** - Name of conteact person. A person in management position in the business, who interact with NRA
 - 24 - 25** - Certificate to be completed by the Sole proprietor/Owner himself/herself
 - 26 - 30** - DO NOT FILL ITEMS 19-26
- Please remember - If you do not apply for registration at the appropriate time you are committing an offence and will be liable to a penalty .