

Section A

NATIONAL REVENUE AUTHORITY Domestic Tax Department (DTD) Republic of Sierra Leone TAXPAYER INFORMATION FORM

DTD 001A

FOR PARTNERSHIP, Companies, NGO'S, MDA'S

Name of Business [1]																			_
Maine of Dusiness [1]																			
Trading Name [2]																			
Taxpayer Identificati No.(TIN) {if any}	on [3]					_					nmenced mence)		Day	у 	Mon	th	Yea	r	
Business Address [5]	Stree	et																	
	Town/District/Region																		
					/										/_				
Telephone No. and E-mail [6]	Land Line				Mobile														<u></u>
L-man [0]	Ema	il Addr	ess																
Web site Adress																			
skype or other social	network	addres	ss																
Type of Taxpayer	Part	tnership	 р []	Priv	ate L	td Con	npany	у [Pul	blic Ltd	Compan	у 🔲		Chai	rity,N0	GO's			
(Tick One) [7]	State owned Enterprise Others If others specify [8] :																		
Registration date [9]	Day Month Year / Registration Number [10]																		
negistration date [5]			/																
Annual Turnover (12 months sales) [11]	In Words																		
	Figures	(Le)																	
Describe your busines activites. E.g.restauran		oarts[1 2	2]																
Sector (see note for help) [13]									Auditor [14]										
Contact Person [15]				Position					Phone No.						<u>Em</u>	nail Ac	ddress		
1																			
2																			
3																			
Section B						<u>C</u>	ERT	IFI	CATE										
[16]												l		that the informaton given					
[10] 1			/Eull p		of cia	natoni	in DI	OCK	I ETTED	<u> </u>		abov	ve are	corre			-		
Position .Eg Partner,	anne					(LETTERS)				Day Month _{Year}						ear ——			
Director etc [17]													Date					<u>/</u>	
Section C		<u>FOR</u>	NR/	4 OF	·FIC	IAL	USE	10	NLY									ı	
Approved by officer [18]				Та	x Cent		L			Business S	Sector	Code	[19]	Ш	\perp			
Entered By [20]								xpay o.(TII	ver Iden [.] 1)	tificatio	n [21]							_	

DTD 001A COMPLETION NOTES

please request for next form- DTD 002 .If you have branch(es) please ask for 'DTD003A Form' for the Branch(es)

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

GUIDANCE NOTES

This form is to be completed for Businesses other than Sole Proprietorships or Individuals.

Attach a photocopy of Certificate of Registration. Request for the other two forms-**DTD002 and DTD 003A** to complete the DTIS registration

Box Number

- 1 Enter name of business as entered on Certifica of Incorporation or registered name of the partnership
- If you have a trading name different from that at [1] above enter here. If not leave it blank.
- Enter your Taxpayer Identification Number (TIN)
- 4 Enter the date you started trading or intend to start you trading
- 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 site address, Skpye address or any social networking address.
- 7-8 Who owns the business? Tick one box only for the legal entity. For "other"s give further details at box [8] below.E.g. Clubs, Charities, Diplomatic Missions.
- 9-10 The Registration numbe on the Administrot and Registrar General 's Certificate. Every registered business must have this number/TIN and date of registration. In the case of non-profit organisations (e.g. MDA's, etc) Certificatie of registration issued by the relevant authorising body is required. This information must be provided.
- 10 Enter the total value of all sales/turnover for the last 12 month period. This should include standard rated, zero rated, exempt and institutional relief sales. (Give the figures to the nearest thousand leones).
- **11** Enter the total value of sales/turnover for the last 12 month period).
- 12 State the main business activity(ies) or type of goods and services your are engaged in.
- 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;
- 14 Name of External Auditor/ Accounta of the business
- 15 Name of conteact person. A person in management position in the business, who interact with NRA
- **16 17** Certificate to be completed as follows:

* Partnership - one of the Partners

*Company - a Director or Company Secretary

* **SOE/Public Corporation** -a Director or Company Secretary

* Others -Legally responsible person

18 - 21 - DO NOT FILL ITEMS 18-21