

## **NATIONAL REVENUE AUTHORITY**

## **Domestic Tax Department (DTD)**

## **Republic of Sierra Leone**

## TAXPAYER ESTIMATED CHARGEABLE INCOME

	Name:	•••••
TIN:	Trading Name 1:	
TH	Trading Name 2:	
	Address:	
	District:	
Tel:		
Email:		
The Commissioner Domestic Tax Department 30 Howe Street Freetown SIERRA LEONE		
We hereby submit an estimation Company/Business for the year 20		d turnover for the above
ESTIMATED TURNOVER		
ESTIMATED CHARGEABLE IN	ICOME	
Kindly use the above estimate as liability as required under <b>Section</b>		•
TAXPAYER/NOMINATED OFFICER		SIGNATURE
Please state below the key reasons	BASIS OF ESTIMATE for your estimate:	
(Please attach evidence of the basis of de		
ESTIMATES ACCEPTED REASON(S)	ESTIMATES REJECTED	(please tick as appropriate)
Approving Officer		Signature and Date