# 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]**

Identification Type **[8]** Mark "X" in appropriate box.. Driver's license ☐ Passport ☐ National ID Card ☐ Voter's ID ☐

Residence Status **[9]** Citizen ☐ Multiple Entry Visitor ☐ Permanent Resident ☐ Temporary Visitor ☐

ID Expiry Date(dd/mm/yyyy) **[ 10]**

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]**

Shareholder Amount 1 **[16]**

Company TIN 2 **[15]**

Shareholder Amount 2 **[16]**

Partnership TIN 1 **[17]**

partner percentage 1 **[18]**

Partnership TIN 2 **[17]**

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]**

| Contact Person **[23]** | Position | Phone No. | Email Address |
|---|---|---|---|
| 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 deatails 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 .