



Adamawa State Internal Revenue Service

AD-IRS

PERSONAL INCOME TAX RETURN FORM FOR YEAR ENDED 31ST DECEMBER ____

PART A: PERSONAL DETAILS

Please complete this form in CAPITAL letters

Name AD-IRS TIN

First Name Middle Name Surname

e-mail Address

Contact Telephone No(s).

PART B: STATEMENT OF INCOME FOR THE YEAR ENDED 31ST DECEMBER 20__

(i) Trades, business, Profession, Vocation etc N _____
(Attach copies of Accounts for the Year Ended 31st December 20__)

(ii) Employment:

Salary N _____

Commissions, Bonuses etc N _____

Allowances N _____
(Attach details of each allowances paid on your behalf)

(iii) Pension From N _____

Annuity From N _____

Gratuities N _____
(State name and address of the payer)

(iv) Income received in or brought into Nigeria

from all sources outside Nigeria N _____

Aggregate Earned Income (i-iv above) (X) N _____

(v) Dividends from Nigerian Companies N _____

Dividends from outside the Country N _____
(Enter the gross amount before tax deduction)

(vi) Interest N _____
(Attach a list giving details of each source and the gross income received therefrom)

(vii) Rents N _____
(Attach a list showing for each property, the amount of gross and other expenses/ Rent & or premium received therefrom with rates)

(viii) Income in respect of other profits arising

from sources not included above N _____
(Attach details of each source and the income therefrom)

Aggregate Investment Income (iv - vii above) (Y) N _____

Note: When any source of income have been acquired or have ceased during this year ended 31st December, 20__ *(Attach particulars and dates)*

TOTAL INCOME (X + Y) =N= _____

PART C: BENEFITS IN KIND

a. Residential Address 2. Changes during the year

1. As at 1st January, 20__ _____

b. Rent Paid N _____

c. Rent Paid by the Employer N _____

d. Rent Paid or Reimbursed by you N _____

Name	Residential Address	Amount Paid
		N

g. Vehicle(s)

Date of Purchase									Cost N	Brand	Model	Year
	D	D	M	M	Y	Y	Y	Y				
Date of Purchase									Cost N	Brand	Model	Year
	D	D	M	M	Y	Y	Y	Y				

h. Other Benefits in Kind

1	Cost N
2	Cost N

Name of Company (Insurance/Employer/HMO/PFA)	Whether on life of Self or Spouse	Capital sum paid on death, excluding any bonus or additional benefit (N)	Premiums Paid during the year ended 31st December 20 (to the nearest N)

PENALTY FOR DEFAULT

DECLARATION (MUST BE COMPLETED AND SIGNED)

Given under my hand this _____ Day of _____ 20____ (Signature/Thumb print of Returnee) _____

GUIDE TO COMPLETING FORM A

1. Mortgage loan agreement (may have an acknowledged schedule by the Mortgage Institution and interest payment for the period).
2. Utility bill from the place of residence (not older than six (6) months) and any other relevant document.

Employer/Business should state "self-employed" with the name of the Business if applicable.

The addition of the aggregate earned income(x) and aggregate investment income(y) amounts to the total income for the stated year.

Any Benefit Paid for by the employer or a separate entity apart from self in this section should be asterisked (*) with details of the separate entity (Name, Contact

PFA-Pension Fund Administrator.

Utility bill from the place of residence (not older than six (6) months) and any other relevant document

Tax rates

First	N300,000.00	7%
Next	N300,000.00	11%
Next	N500,000.00	15%
Next	N500,000.00	19%
Next	N1,600,000.00	21%
Above	N3,200,000.00	24%

All other relevant additional documents you believe would support this return should be attached.