



# LRA

LIBERIA REVENUE AUTHORITY

**IN01**  
Domestic Tax  
Department

Rev. April  
2015

## INDIVIDUAL REGISTRATION FORM

(FOR INDIVIDUALS AND SOLE-PROPRIETORSHIP ONLY)

Fields with\* are mandatory, dates in mm/dd/yyyy. Please keep a copy for your records

**Instructions:**

1. Use this form (IN01) for new registration, re-registration, modification or closure of the tax account of an individual or a sole-proprietorship.
2. If you own a sole-proprietorship: Complete an IN01 form and the sole-proprietorship appendix SP01.
3. If you are an individual that does not own a sole-proprietorship and has to pay taxes or other fees to the Government of Liberia: Complete this IN01 form only.
4. If you have a representative that representative must also complete form IN01.
5. Required documentation: Business registration application form from the LBR, Identification (valid Passport, employee NASSCORP #, Liberian driver's license or Liberian birth certificate), and one recent passport size photo for new or re-registrations.

### 1. REASON

<b>1a. Reason for submitting form*</b>	<b>1b. TIN (for modify or closure only)</b>										
<input type="checkbox"/> <b>New or Re-registration</b> <input type="checkbox"/> <b>Modify</b> <input type="checkbox"/> <b>Closure</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>										

### 2. INDIVIDUAL

**2a. You are (select 1 only)\*:**  **INDIVIDUAL Taxpayer**     **SOLE-PROPRIETORSHIP (also fill in SP01 appendix)**

<b>2b. Title*</b>	<b>2c. First Name*</b>	<b>2d. Middle Name</b>	<b>2e. Last Name*</b>
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**2f. Identification Type (select any two)\***     **Liberian Voter's Card**  
 **Passport**    **NASSCORP ID**    **Liberian Driver's License**    **Birth Certificate**    **National ID (LIB)**

<b>2g. Identification #*</b>	<b>2h. Employer NASSCORP#*</b>	<b>2i. Nationality*</b>	<b>2j. Place and Country of Issuance</b>
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<b>2k. Gender*</b> <input type="checkbox"/> <b>M</b> <input type="checkbox"/> <b>F</b>	<b>2l. Date of Birth*</b> mm/dd/yyyy	<b>2m. City and Country of Birth*</b>
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<b>2n. Marital Status*</b>	<b>2o. Occupation *</b>	<b>2p. Telephone #*</b>
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<b>2q. E-mail</b>	<b>2r. Alternate Telephone #</b>
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<b>2s. Father's Full Name*</b>	<b>2t. Mother's Full Name*</b>
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### 3. MAIN ADDRESS

<b>3a. Street and House # (if applicable)*</b>	<b>3b. Major Landmark (Clear description of location)</b>
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<b>3c. City/Village/Town*</b>	<b>3d. District*</b>
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<b>3e. County*</b>	<b>3f. Country*</b>
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<b>3g. PO Box</b>	<b>3h. Resident of Liberia*</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>3i. If not, what is your country of residence?</b>
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### 4. MAILING ADDRESS (IF DIFFERENT THAN MAIN ADDRESS)

<b>4a. Street and House # (if applicable)*</b>	<b>4b. Major Landmark (Clear description of location)</b>
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<b>4c. City/Village/Town</b>	<b>4d. District</b>
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<b>4e. County</b>	<b>4f. Country</b>
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### 5. ACTIVITY & FINANCIAL INFORMATION

<b>5a. Is your fiscal year the same as the calendar year?*</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>5b. If not, when does your fiscal year start?</b> mm/dd/yyyy
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**5c. Annual Turnover\* (Gross Income) (Include all sole-proprietorships owned by you)**  
**1. Gross income/sales from last year in Liberian Dollars:** \_\_\_\_\_

**2. Projected gross income/sales for this year in Liberian Dollars:(new taxpayers only):** \_\_\_\_\_

<b>5d. Indicate if you are the following (select all that apply)*</b> <input type="checkbox"/> <b>Importer</b> <input type="checkbox"/> <b>Exporter</b> <input type="checkbox"/> <b>Incidental Importer/Exporter</b>  <input type="checkbox"/> <b>Landlord</b> <input type="checkbox"/> <b>Petty Trader</b>  <b>Select Petty Trader Class</b> <input type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/> <b>C</b>	<b>5e. Do you own real estate?*</b>  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>5f. Do you pay rent?*</b>  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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