LRA

LIBERIA REVENUE AUTHORITY

ADV01

Domestic Tax Department
Rev. April 2015

QUARTERLY 2% or 4% INCOMETAX RETURN FORM

Fields with * are mandatory, dates in MM/DD/YYYY
Keep a copy for your records

Instructions: This application form is required for persons who are required to file an income tax return for a tax period and are required to make advance payments of their income tax liability for the period

1. TAXPAYER INFORMATION

1a. Tax Division.*	1b. TIN* (must start with 5): 5	1c. Name of Taxpayer*:	1d. Currency*:
1e. Address	1f. Email	1g. Business Telephone	1h. Cell Number

2. DETERMINATION TOTAL AMOUNT OF ADVANCE PAYMENTS – 904(A)(3)

In determining the total amount of advance payments required for a quarter, the following rules method has been selected (select one only):

☐ **2% tax of gross turnover / receipt for the quarter if taxpayer is a medium or large taxpayer**

☐ **4% tax of gross turnover / receipt for the quarter if taxpayer is a small taxpayer**

Total advance payment: **2% or 4% equals quarterly payment of:**

3. SCHEDULE QUARTERLY PAYMENTS

An advance payment is timely made if payment is made at the designated hour and place for payment in accordance with Section 50 and if payment is made by the 15th day following the end of each quarter of the taxpayer's tax year.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
3a. Due Date:	3b. 15th of April	3c. 15th of July	3d. 15th of October	3f. 15th of January

4. PAYMENT

4a. Amount on Hand to Pay

5. CERTIFICATE

I certify that the information given above and in the attached appendices is true, accurate and complete to the best of my knowledge. I also understand that any false declaration may lead to prosecution.

5a. CFO Full Name*	5b. Signature* 5c. Date* 5d. Telephone #*
5e. CEO Full Name*	5f. Signature* 5g. Date* 5h. Telephone #*

6. FOR OFFICIAL USE ONLY

	6a. Name*	6b. Date*	6c. Signature*
Received by			
Captured by			
Validated by			
Document No.			