



LRA

LIBERIA REVENUE AUTHORITY

SPO1

Domestic Tax
Department

Rev. April 2015

SOLE PROPRIETORSHIP APPENDIX

(FOR USE BY SOLE-PROPRIETORSHIPS ONLY)

Fields with * are mandatory, dates in mm/dd/yyyy
Please staple this appendix to the IN01 form and keep a copy for your records

Instructions:				
1. Use this appendix for new registration, re-registration, modification or closure of a sole-proprietorship.				
2. If you own a sole-proprietorship and you do not have a TIN as an individual: Complete this appendix for each sole-proprietorship and attach it to the IN01 form.				
3. If you own a sole-proprietorship without branches and you already have a TIN: Complete this appendix only.				
4. If your sole-proprietorship has more than one branch complete one BR01 appendix for each branch.				
5. Required documentation: Business registration application form from the LBR for new or re-registrations.				
1. OWNER & COMPANY				
1a. Main Company* <input type="checkbox"/> Yes <input type="checkbox"/> No				
1b. Old Company TIN (if you had more than one TIN, list all TINs under which your business operates)				
1.		2.		3.
1c. Registered Name*			1d. Main Trade Name*	
1e. Registration Date mm/dd/yyyy	1f. Business Reg. #	1g. Employer NASSCORP #	1h. Tax Start Date* mm/dd/yyyy	1i. Tax Close Date mm/dd/yyyy
2. COMPANY CONTACT (IF OTHER THAN OWNER)				
2a. Contact Full Name		2b. Mobile/Phone #	2c. E-mail	
3. MAIN ADDRESS				
3a. Street and House #* (If applicable)			3b. (Clear description of location)*	
3c. City/Village/Town*			3d. District*	
3e. County*			3f. Country*	
3g. PO Box	3h. Type of building where business is located*: <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial		3i. Do you pay rent?*	3j. # of Employees
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. BUSINESS ACTIVITY & LICENSE				
Code (OFFICAL USE)	4a. Business Activity Description*			4b. Main Activity* (1 only)
	1.			<input type="checkbox"/> Yes
	2.			<input type="checkbox"/> Yes
	3.			<input type="checkbox"/> Yes
4c. Business License #	4d. Business License Type		4e. Start Date	4f. End Date
1.				
2.				
3.				
5. BANK ACCOUNT INFORMATION (Optional)				
5a. Account Number	5b. Account Holder	5c. Bank Name	5d. Branch Address	
6. CERTIFICATION				
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.				
6a. CFO Full Name*			6b. Signature*	
6e. CEO Full Name*			6c. Date*	6d. Telephone #*
			6f. Signature*	
			6g. Date*	6h. Telephone #*
FOR OFFICAL USE ONLY				
	Name		Date	Signature
Received By				
Captured By				
Validated By				