

OPRS Form 4-2016



Office of Professional Responsibility Section (LRA)

Application Form for Tax Practitioners to Practice Before the Liberia Revenue Authority (LRA)

Important things you need to know and do before you file this form:

- Take and pass the Tax Practitioner Competency Licensing Examination or be a member of the exempt group as per regulation
- You must obtain a Tax Identification Number (TIN) before completing this form
- Must provide current tax Clarence
- Read the Tax Practitioner Licensing and Administrative Regulation The application fee is \$150.00 USD and is non-refundable
- Meet other requirements



	Part 1:	Tell Us About	Yourself		
1	Your National Identification Number				
		If you do NOT have a National Identification Number, check this box.			
2	Date of Birth (mm/dd/yyyy)				
3	Your Full Legal Name				
		Last	First	Middle	
4	Your Current Address				
		Street	Community City		
		House #	County	Country	
5	Contact Info	Phone Number:			
		Email Address:			
6	TIN (Issued by the LRA)				
7	Do you have a business Tax Identification	If Yes, enter all business TINs, business names, and addresses below (attach additional pages, if necessary):			
	Number (TIN)? Yes No	TIN	Business Name	Business Address	
8	I am applying for				
Ö	Tain applying to				
9	Have you been sanctioned by a licensing au	ıthority?		Yes	No
10	Has any application you filed with a court, g licensing authority, or agency for admission			Yes	No
11	Have you been convicted of a tax crime or a	-	een demed:	Yes	No
12	Have you been permanently enjoined from	preparing tax retu	rns, or representing oth		
	before the LRA? NOTE: If you answered "Yes" to question 8, 9, 10 or	11 please describe on	a separate page, the matter	Yes including the date of when the m	No atter
	NOTE: If you answered "Yes" to question 8, 9, 10 or occurred, and provide any additional information abo			moduling the date of this in the m	
13	Are you a Professional Accountant? Yes No	if "Yes", enter your pro	otessional dissertation		
14	Are you a Counselor-at-Law?	If "Yes", enter the cou	untries where you are license	d to practice.	
	Yes No				
	PART 2:	1			
	Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Date:			

Filling out this form:

- It is important to answer all questions on the form. Failure to answer any questions or sign the form could result in processing delays.
- An intentionally false statement or omission identified with your application is a violation and may be grounds for suspension or disbarment from practice.