



LRA

LIBERIA REVENUE AUTHORITY

**DIVISION OF REAL PROPERTY TAX
DOMESTIC TAX DEPARTMENT**

**INCOME PRODUCING PROPERTY OWNER
STATEMENT OF CERTIFIED VALUATION DECLARATION**

Please attach full view photo of the property to the form

1. TIN <input type="text"/>		2. HOUSE # <input type="text"/>	
4. PROPERTY OWNER'S NAME		3. LOCATION OF PROPERTY	
Last name		County	Community
First name		District	Street
Middle name		Town/City	House No.
		Map ref (use recognized building in your area)	
1. OWNER'S ADDRESS			
County		Street	
District		House No.	
Town/City		Contact No.	
Community		E-mail	
2. VALUE (IN USD)		CERTIFIED	TAX RATE
		X	1.5%
			=
Declared property value is multiplied by the commercial tax rate of 1.5% to determine the annual tax due			
3. CERTIFIED VALUER CONTACT			
NAME OF FIRM/ENGINEER/APPRaiser		LOCATION	CONTACT NO.:
4. PROPERTY DESCRIPTION			
Please Indicate number of each kind below		Please check relevant box below:	
Bed Room <input type="text"/>	Porch <input type="text"/>	Bathroom <input type="text"/>	FOUNDATION Reinforced Concr <input type="text"/> Column/Frame Struct <input type="text"/> None <input type="text"/>
Story(ies) <input type="text"/>	Windows <input type="text"/>	Garage <input type="text"/>	
Shop/Store <input type="text"/>			ROOF Metal sheets <input type="text"/> Aluminum shed <input type="text"/>
Please check type of window			WALL Reinforced Concr <input type="text"/> Firestone brid <input type="text"/> Cement Block <input type="text"/> Zinc <input type="text"/> Wooden Fra <input type="text"/> Mud bricks <input type="text"/>
Sliding Glass <input type="text"/>	Jalousie <input type="text"/>	Awning <input type="text"/>	
Columbo Blocks (onnc.) <input type="text"/>			FLOOR Marble tile <input type="text"/> Rubber tile <input type="text"/> Terrazzo tile <input type="text"/> Ceramic tile <input type="text"/>
9. TAXPAYER (Please check relevant box to indicate who is responsible for the payment of the Real Estate Tax)		10. TAXPAYER'S CONTACT (If the Taxpayer is not the owner)	
<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT/LESSEE		Mobile #:	
		Email:	
11. OCCUPANT'S NAME			
12. DATE/YEAR OF CONSTRUCTION		13. CURRENT CONDITION (PLEASE CHECK)	
		Damage:	
14. TAXPAYER SIGNATURE & DATE		Under renovation (minor repairs)	
		Reconstruction (minor repairs)	
		Fair	
		Good	
		Very good	
FOR REAL ESTATE OFFICER ONLY			
CERTIFIED VALUE		TAX RATE	TAX AMOUNT
PENALTY		INTEREST	ARREARS
TAX PERIOD		TOTAL TAX	
APPROVED FOR BILLING BY:			
		NAME	SIGNATURE
REFERRED FOR FURTHER VERIFICATION BY:			
		NAME	SIGNATURE
THIS FORM IS FOR PROPERTIES USED FOR BUSINESS OR COMMERCIAL PURPOSES. "Business or commercial use" in relation to buildings or improvements means buildings or improvements used for the purpose of private profit or gain in trade and commerce including retail trading, provision and setting up of office for business and professional services.			
NOTE: Amount of declaration may be subject to review. Significant under-declaration is subject to additional assessment bill. Taxpayers are advised to provide Truthful Declaration.			
TAXES ARE ON JULY 1 ST OF THE YEAR IN WHICH IT IS LEVIED.			
PLEASE COMPLETE A SEPARATE FORM FOR EACH PROPERTY THAT YOU OWN			

