



GOVERNMENT OF ZAMFARA STATE
ZAMFARA STATE INTERNAL REVENUE SERVICE

CORPORATE TAXPAYER REGISTRATION FORM

INSTRUCTION: Write each letter clearly in CAPITAL in a separate box.

Form fields for registration details: Company Name, Short Name, Date of Incorp, Mobile Number, Street Number, Street Address 1, Street Address 2, Area/Town/City, State, Email Address, Tax Station, JTB TIN Number, Sector, Sub-Sector, CAC Number, Contact Person Name, Contact Person Number, Branch Name.

Company Satmp/Seal

Authorized Company Signatory

Tear Neatly Along Dotted Line

Official Use Only:

TAXPAYER REGISTRATION ACKNOWLEDGEMENT SLIP

Zamfara State Tax Identification Number

Z M [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Taxpayer Names:.....

Registration Center/Zone:.....

Registered By:.....

Date of Registration:.....

Thank you for registering. For faster service delivery, please quote your Taxpayer ID in all transactions with any of the State's MDA.