GOVERNMENT OF ZAMFARA STATE
ZAMFARA STATE INTERNAL REVENUE SERVICE

Affix Recent Passport Photo Here

Please use office gum only.

INDIVIDUAL TAXPAYER REGISTRATION FORM

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

Title: (Alh/Mr/Mrs. etc)..... Marital Status: (Single/Married, etc).....

First Name:

Middle Name:

Last Name:

Date of Birth: D D M M Y Y Mobile Number:

Street Number:

Street Address 1:

Street Address 2:

Area/Town/City:

State:

Email Address:

Tax Station:

Sector:

Sub-Sector:

Employer/ Business Name:

Employer/ Business Branch:

Employer/ Business Address:

JTB TIN Number:

Zamfara State Tax Identification Number

Z	M								

Taxpayer's Signature
(Do Not sign across border line)

Tear Neatly Along Dotted Line

Official Use Only:

Zamfara State Tax Identification Number

Z	M								

Registered By:.....

TAXPAYER REGISTRATION ACKNOWLEDGEMENT SLIP

Taxpayer Names:.....

Registration Center/Zone:.....

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.