



FORM 002

LAGOS STATE BOARD OF INTERNAL REVENUE

SALES TAX RETURN

SALES TAX REG. NO

NAME

ADDRESS

Period Covered	<i>This return and payment due on or before 30th day</i>	To	<i>of the month following the month specified</i>
----------------	--	----	---

THIS RETURN MUST BE COMPLETED AND SENT TO TAX OFFICE EVEN IF NO CHARGEABLE SUPPLIES HAVE OCCURRED

S/N	DESCRIPTION OF GOODS / SERVICES	VALUE
1		
2		
3		
4		
5		
	TOTAL	
	Sales Tax @ 5% thereof	
	Sales Tax remitted	

BANK

RECEIPT NO

DECLARATION

I declare that the particulars in this return are true and correct.

FULL NAME

POSITION

SIGNATURE & DATE

FOR OFFICIAL USE ONLY

**CHECKED
BY**

**AMOUNT
REMITTED**

DATE

**RECEIPT
NO**