

Tax Clearance Certificate

For Non-Resident Sole Proprietors

A. APPLICANT DETAILS

Name of Proprietor: _____

Business/Trade Name: _____

Country of Residence: _____

Nationality: _____

Permanent Address: _____

Tax Identification Number (TIN): _____

Contact Email/Phone: _____

B. TAX DETAILS

Tax Period Covered: _____

Date of Assessment: _____

Type of Tax: Income Tax Withholding Tax Others: _____

Tax Amount Paid: _____

Date of Payment: _____

Receipt/Reference No.: _____

C. DECLARATION

I, the undersigned, confirm that the tax information provided above is true and correct to the best of my knowledge and that all taxes due have been paid in accordance with the laws and regulations applicable to non-resident sole proprietors.

Signature: _____

Date: _____

D. FOR OFFICIAL USE ONLY

Date of Issue: _____

Certificate Number: _____

Issuing Officer: _____

Important Notes:

- This certificate confirms the tax compliance of a non-resident sole proprietor for the specified period.
- Submission of supporting documents, such as payment receipts and assessment notices, may be required.
- This document does not absolve the proprietor from subsequent tax obligations arising after the period covered.
- Falsification or misrepresentation may lead to penalties or revocation of the certificate.
- Validity is subject to review by tax authorities; ensure all information is up to date.