

ISSUING OFFICE **SMTD**
DATE **16th - 04 - 2015**



AMOUNT PAID
Le

ORIGINAL
for tax payer

NATIONAL REVENUE AUTHORITY
TAX CLEARANCE CERTIFICATE

ITD **00093218**

1 NAME/ADDRESS: **Village Medical Project for Sierra Leone**
90 c Sir Samuel Lewis Road, Aberdeen

SOURCES OF INCOME: **NGO**

YEAR OF ASSESSMENT: **2015** FILE No **TIN-1062696-7**

has applied to me for tax clearance certificate for the following purpose:

NGO Registration

2 I confirm from the information available that: **VILLAGE MEDICAL PROJECT FOR SIERRA LEONE**

- a) has paid his /her/it's tax liabilities up to and including the **2015** Year of Assessment.
- b) has paid P.A.Y.E. and other withholding taxes up to and including
- c) has submitted all tax return due up to date

3. BELOW IS A SUMMARY OF HIS/HER/ITS TAX POSITION FOR THREE YEARS

YEAR OF ASSESSMENT	CHARGEABLE INCOME	TAX CHARGED	TAX PAID	TAX OUTSTANDING
2015				
20				
20				

4 I therefore issue this certificate which is valid up to **31st May 2015**

FOR COMMISSIONER - GENERAL