**COMPANY NAME COMPANY**

**P.O.BOX XXXXX OR LETTER HEAD**

**DAR ES SALAAM**

DATE

Regional Manager

Domestic Revenue Department

XXXXXX Tax Region

P. O. BOX XXXXX

DAR ES SALAAM

Dear Sir / Madam,

**RE: TIN NO.: XXX – XXX – XXX**

 **APPLICATION FOR TAX CLEARANCE CERTIFICATE**

We kindly request to arrange for tax clearance certificate for our business as it is required for application of business license.

All the necessary income tax returns have been filed and final accounts and returns have been submitted to your office.

Please find below details:

**Company Name: XXXXXXXXXXXXXXXXXXXX**

**Certificate of Incorporation / Certificate of Registration No.: XXXXX**

**TIN No.: XXX – XXX – XXX**

**VRN No.: XX – XXXXXX – X (if applicable)**

**Nature of business: (please list all activities carried out by the entity. You can use your all your previous business licenses as a guideline)**

**Full Name of all Directors: XXXXXXXX**

**Directors TIN Nos.: XXX – XXX – XXX**

Please find the attached a copy of the provisional estimate form for the year 2019 duly submitted to your office before the due date and a copy of the payment receipt of the first quarter for the year 2019.

We kindly request your good office to do the needful at your earliest.

Thanking you in advance

Yours faithfully

**DIRECTOR**