

REPUBLIC OF LIBERIA
DEPARTMENT OF REVENUE
MINISTRY OF FINANCE
MONROVIA, LIBERIA

TCC-6

TAX CLEARANCE CERTIFICATE

1. NAME OF TAXPAYER International Consulting Capital-ICC
 2. TAXPAYER IDENTIFICATION NUMBER (TIN) 406823008
 3. BUSINESS ACTIVITY Logging
 4. TAXPAYER ADDRESS Warren 9/ Camp Harun Road
 5. COUNTY Mont. 6. TEL 077-951-874 7. E-MAIL _____
 8. MAIN CONTACT PERSON Farsten Mubant 9. TEL _____

CATEGORY	PURPOSE FOR CLEARANCE	TAXPAYER'S SIZE
Individual <input type="checkbox"/>	<u>Consensus Audit Submission</u>	Small <input type="checkbox"/>
Sole Proprietorship <input type="checkbox"/>		Medium <input type="checkbox"/>
Partnership <input type="checkbox"/>		Large <input checked="" type="checkbox"/>
Corporation <input checked="" type="checkbox"/>		
Other Legal Entity <input type="checkbox"/>		

THIS IS TO CERTIFY FROM INFORMATION AVAILABLE THAT THE ABOVE NAMED TAXPAYER HAS FULLY COMPLIED WITH THE FOLLOWING TAX OBLIGATIONS AS CHECKED AND IS CURRENT WITH BOTH FILING AND PAYMENT OF TAXES.

BUSINESS REGISTRATION Registration <input type="checkbox"/> Professional License Fee <input type="checkbox"/> Other License Fee <input type="checkbox"/> Resident Permit <input checked="" type="checkbox"/> Work Permit <input checked="" type="checkbox"/>	GOODS AND SERVICE TAX Goods Tax <input checked="" type="checkbox"/> Service Tax <input checked="" type="checkbox"/>
BUSINESS INCOME TAX 2% Turnover Tax <input checked="" type="checkbox"/> 4% Turnover Tax <input type="checkbox"/> Annual Income Tax Return <input checked="" type="checkbox"/> Additional Assessment <input checked="" type="checkbox"/> Rental Income Withholding (Resident / Non-Resident) <input checked="" type="checkbox"/>	CUSTOMS Customs Duties <input type="checkbox"/> Short Payment <input type="checkbox"/>
PERSONAL INCOME TAX Wages/Salaries Withholding <input checked="" type="checkbox"/> Rent Withholding (Resident / Non-Resident) <input checked="" type="checkbox"/> Self-employed Withholding <input checked="" type="checkbox"/> Personal Withholding <input checked="" type="checkbox"/> Additional Assessment <input checked="" type="checkbox"/> Other Withholding Taxes <input checked="" type="checkbox"/>	EXCISE Excise Taxes <input type="checkbox"/> Additional Assessment <input type="checkbox"/>
	MOTOR VEHICLE REVENUE Vehicle Registration <input checked="" type="checkbox"/> Driver's License <input checked="" type="checkbox"/>
	REAL PROPERTY TAXES Land Tax <input checked="" type="checkbox"/> Building Tax <input checked="" type="checkbox"/>

THIS CLEARANCE IS VALID FOR 90 DAYS AS OF THE DATE OF ISSUANCE

GIVEN UNDER OUR HANDS AND SEAL THIS

17 DAY OF February A.D. 2009

POK (Provisional OK)
 PAR (Problem Arrangement Required)
 N/A (Not Applicable)

[Signature]
 PRINCIPAL DIRECTOR
[Signature]
 COMMISSIONER/DEPUTY COMMISSIONER
 BUREAU OF INTERNAL REVENUE

LTD
 MTD
 STD