



Republic of Palau
SOCIAL SECURITY ADMINISTRATION

P.O. Box 679
Koror, Republic of Palau 96940
Ph# 488-2457/1823
Fax# 488-1470

EMPLOYER'S QUARTERLY TAX REPORT

EMPLOYER:

Business Name: _____
Owner's Name: _____
P.O. Box _____ Phone: _____
Location _____

EIN:

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Payroll Ending Date _____
Date quarter ended _____

1 OWNER'S SHARE (Please type or print)			2	3	4	5
LAST NAME	FIRST NAME	MI	PALAU SOCIAL SECURITY NUMBER	GROSS WAGES	TOTAL WAGES SUBJECT TO TAX (not over \$5,000.00) 2X highest pay Emp.	COMBINED TAX - 12% (apply to col.4)
EMPLOYEE'S NAME			PALAU SOCIAL SECURITY NUMBER	GROSS WAGES	TOTAL WAGES SUBJECT TO TAX	Combined TAX - 12%
LAST NAME	FIRST NAME	MI				
1						\$ -
2						\$ -
3						\$ -
4						\$ -
5						\$ -
6						\$ -
7						\$ -
8						\$ -
9						\$ -
10						\$ -
11						\$ -
12						\$ -
13						\$ -
14						\$ -
				\$ -	\$ -	\$ -

CHECK APPROPRIATE BOXES

<input type="checkbox"/> Gone out of business When?	Month	Day	Year
<input type="checkbox"/> No payroll this quarter Last pay period paid			
<input type="checkbox"/> Self-employed Since when?			

6	TOTAL	\$ -	\$ -	\$ -
7	ADJUSTMENTS (Previous Quarter (Over payment) Under payment) Others			
8	PENALTY CHARGE (If filed and paid after the deadline)			
9	INTEREST (If payment is made after the deadline).....			
10	TOTAL DUE			\$ -
11	Total number of employees listed			

DEADLINES
 March 31 - due by April 30
 June 30 - due by July 31
 September 30 - due by October 31
 December 31 - due by January 31

12 **DECLARATION:**

Under the penalties of perjury, I declare that this Quarterly Tax Report is, to the best of my knowledge and belief, true and correct.

Title	Owner's Name/Officer	Signature	Date
FOR OFFICIAL USE ONLY			
DATE FILED (Postmarked*)	DATE PAID	AMOUNT PAID	RECEIPT NO.
		Received By:	Verified By:

(*If received after the due date, show postmark)