Republic of Palau

SOCIAL SECURITY ADMINISTRATION

EMPLOYER'S QUARTERLY TAX REPORT

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

EMPLORYER:

Business Name: _____

Owner's Name: _____ **EIN:** | | | | | | — | | |

P.O. Box _____ **Phone:** _____ **Payroll Ending Date** _____

Location _____ **Date Quarter Ended** _____

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

CHECK APPROPRIATE BOXES

		Month	Day	Year
☐	Gone out of business When?			
☐	No payroll this quarter Last pay period paid			
☐	Self-employed Since when?			

DEADLINES

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

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** ➡ _____	

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)