



Republic of Palau
SOCIAL SECURITY ADMINISTRATION
Social Security and Healthcare Fund

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Self-Employed / Domestic Employer's Quarterly Tax Report Form

Name of Employer: _____

EIN: —

P.O. Box: _____ Phone: _____

SSN: — —

State: _____ Hamlet: _____

Date Quarter Ended: _____ / _____ / _____

1 EMPLOYEE'S NAME (Please type or print)			2 PALAU SOCIAL SECURITY NUMBER	3 GROSS WAGES	4 WAGES SUBJECT TO SS TAX (not over \$5,000.00)	5 COMBINED SOCIAL SECURITY TAX - 12% (apply to col. 4)	6 COMBINED HEALTHCARE FUND TAX - 5% (apply to col. 3)
LAST NAME	FIRST NAME	MI					
1				\$ -	\$ -	\$ -	\$ -
2				\$ -	\$ -	\$ -	\$ -
3				\$ -	\$ -	\$ -	\$ -
4				\$ -	\$ -	\$ -	\$ -
5				\$ -	\$ -	\$ -	\$ -
7 TOTAL				\$ -	\$ -	\$ -	\$ -
8 ADJUSTMENTS (Overpayment/Underpayment/ Other).....						\$ -	\$ -
9 PENALTY CHARGE (If filed and paid after the deadline).....						\$ -	\$ -
10 INTEREST (If payment is made after the deadline).....						\$ -	\$ -
11 TOTAL BY TAX						\$ -	\$ -
12 GRAND TOTAL DUE (Column 5 + Column 6).....						\$ -	\$ -

DEADLINES

- 1st Quarter : March 31 - Due by April 30
- 2nd Quarter : June 30 - Due by July 31
- 3rd Quarter : September 30 - Due by October 31
- 4th Quarter : December 31 - Due by January 31

13 Total number of employees listed → _____

14 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.

Print Name

Signature

Title

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)