Republic of Palau

SOCIAL SECURITY ADMINISTRATION

Social Security and Healthcare Fund

Employer's Quarterly Tax Report

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

EMPLOYER:

Business Name: _____ **EIN:** | | | | | | — | | |

Owner's Name: _____ **Payroll Ending Date:** _____

P.O. Box: _____ **Phone:** _____ **Date Quarter Ended:** _____

Location: _____ **Total Gross Revenue earned during this period $** _____

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

CHECK TYPE OF BUSINESS:

- ☐ Sole Proprietorship
- ☐ Sole Propietorship W/out Employees
- ☐ Partnership
- ☐ Other _____
- ☐ Joint Venture
- ☐ Corporation
- ☐ Credit Union

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)**.....	$ -	

13 **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

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.

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)