Division of Revenue & Taxation

TAX-100

P.O. Box 6069, Koror, Palau 96940
Tel: (680) 488-2465/2580 Fax: (680) 488-3844

BUSINESS NAME & MAILING ADDRESS

PAYMENT OF INCOME TAX WITHHELD

(Please type or print)

TIN:	**PAY DAY:**	**DUE DATE:**

EMPLOYER'S PAYROLL TYPE

1	WEEKLY ☐	2	BI-WEEKLY ☐	3	SEMI-MONTHY ☐	4	MONTHLY ☐

CIT CODE	EMPLOYEES' NAME (LAST NAME, FIRST, MIDDLE)	ROP SS NUMBER	GROSS WAGES/SALARIES	TAX WITHHELD

S U B T O T A L	CITIZENS	A	$	$
	NON-CITIZENS	B	$	$
T O T A L			$	$
DAYS LAPSED				
PENALTY (TAX DUE X 10% X # OF DAYS/30)				
INTEREST (TAX DUE X 3% X # OF DAYS/30)				
TOTAL DUE/PAYABLE				$

CONTINUATION SHEET ATTACHED ☐ YES (mark if appropriate)

DECLARATION

I HEREBY DECLARE UNDER THE PENALTY OF PERJURY, THAT ALL OF THE ABOVE INFORMATION ARE TRUE AND CORRECT, I UNDERSTAND THAT PENALTY FOR SUBMITTING FRAUDULENT INFORMATION ON THIS FORM IS IMPRISONMENT OF UP TO 3 YEARS AND FINE OF UP TO $10,000 IN ADDITION TO ASSESSMENT OF CIVIL PENALTY OF UP TO 50% OF TAX OWED.

_____ _____ _____/_____/_____

Print Name Signature Date

Status: ☐ Director ☐ Partner ☐ Sole Proprietor ☐ Duly authorized person (check mark appropriate)

TAX OFFICE USE ONLY

Date Filed	Date Paid	Amount Paid	Rcpt. No.	Rec'd/Verified by:	Entered by:	Trans. #