



Bureau of Revenue and Taxation

TAX - 002

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

EMPLOYER REGISTRATION

TYPE OR PRINT CLEARLY

1	APPLICANT'S Name	BUSINESS or ORG ID #	PALAU'S SOCIAL SECURITY #
2	NAME OF EMPLOYEE (S)	EMPLOYEE (S) Palau's Social Security # (s)	
3	Location (Hamlet & State)		
4	Mailing address (P.O. Box #, City, State and Zip Code)		
5	Contact Numbers	Home #:	Other #: Fax #:
6	Email Address:		
7	Contact Person/Title		
8	Description (Activity)		
9	Select Payroll Type	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	

DECLARATION

I HEREBY DECLARE UNDER THE PENALTY OF PERJURY, THAT ALL OF THE ABOVE INFORMATION IS 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.

Signature: _____

Date: ____/____/____

Print Full Name: _____
 EMPLOYER

Title: _____

FOR OFFICE USE ONLY

Date Rec'd	Amount Paid	Receipt#	Rec'd By	Tax Identification No.	Trans#

INSTRUCTIONS

1. *Applicant's Name: Enter Name of Employer/Tax identification # / Social Security Number*

2. *Name of Employees & SS #: Enter Names of employees and social security numbers. Attach separate sheet of paper if more than two employees.*

3. *Location: Exact location of the place of employment.*

4. *Mailing address: Enter Post Office Box #, City & State, Zip Code.*

5. *Contact #s: Enter Home; Alternative numbers; Fax #.*

6. *Email Address*

7. *Contact Person & Title: Enter name of person to contact Write contact numbers if different from numbers entered in box 5.*

8. *Description: Activity of the Employer/Organization*

9. *Select Payroll Type: Check or mark appropriate box.*