



# Request Form

TAX-600

NAME: \_\_\_\_\_,  
 (Requester's Name) Last Name First Name MI

Mailing Address: \_\_\_\_\_  
*(P.O. Box #, City, State and Zip Code/other Postal Address)*

Email Address: \_\_\_\_\_

*(Check Appropriate Box and Fill Out Form Completely)*

<input type="checkbox"/> Letter of Good Standing	Doing Business As:		
	Business ID:		
	Year:		
<input type="checkbox"/> Tax Clearance	Doing Business As:		
	Business ID:		
	Year:		
	Description of Project		
<input type="checkbox"/> Overpayment Refund	Doing Business As/ Individual's Name:		
	Tax Type/Fee:		
	Tax Type/Period:		
<input type="checkbox"/> License Re-Print \$25.00 Fee	Doing Business As:		
	Business ID:		
	Applicable Changes:		
<input type="checkbox"/> Declaration of Palau wages and tax (college students' financial aid purposes)	Recipients:	Email Address:	Mailing Address:
<input type="checkbox"/> Wage & Tax Statement	SS #:	Employer:	
	Year:		
<input type="checkbox"/> Wages Verification	Name:	Year:	

Signature of Requester: \_\_\_\_\_ Date of Request: \_\_\_\_\_

FOR OFFICE USE ONLY		
Date Received & By:	Date Processed & By:	Released By & Date:

## INSTRUCTIONS

1. *REQUESTER'S NAME: Enter your Last Name, First Name and Middle Initial.*
2. *Mailing Address: Enter your Mailing Address.*
3. *Email Address: Enter your Email Address.*
4. *Check mark Item you are requesting for.*
5. *Signature of Requester: Sign your name.*
6. *Date of Request: Enter the date you signed the request form.*