



## Bureau of Revenue and Taxation

P.O. Box 6069 Koror, Palau 96940  
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 URL: www.palau.gov.pw/brt

# TAX-001A

### RENEWAL/REGISTRATION UPDATE FOR LICENSE TYPE OR PRINT AND CHECK APPROPRIATE BOXES

1	Applicant(s) Name				
2	Identification Number (TAX)				
3	Registration Type	<input type="checkbox"/> Renew	<input type="checkbox"/> Update		
4	Doing Business As (dba)				
5	Physical & Mailing Address	Physical			
		<input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease (attach rent/lease agreement/contract)			
6	Contact Numbers	Mailing			
		Bus. Tel:	Cell #:	Fax #:	
		Other #:	Email:		
7	Name & Title of Contact Person				
8	Tax Type & Effective Date	Wages & Salary:	<input type="checkbox"/> Weekly	Date:	
			<input type="checkbox"/> Bi-Weekly	Date:	
			<input type="checkbox"/> Semi-Monthly	Date:	
			<input type="checkbox"/> Monthly	Date:	
		<input type="checkbox"/> Gross Revenue		Date:	
		<input type="checkbox"/> Financial Institution		Date:	
<input type="checkbox"/> Hotel		<input type="checkbox"/> Vessel Cabin	Date:		
<input type="checkbox"/> Amusement Device		<input type="checkbox"/> Remittance			
<input type="checkbox"/> Exempt:					
9	Other Information (If Applicable)	<input type="checkbox"/> FIAC #: _____		Exp. Date: _____	
		Sole Proprietor SSN: _____			

**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.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STATUS (CHECK APPROPRIATE BOX):     Sole Proprietor     Partner     Director     Duly Authorized Person

FOR BRT USE ONLY			FOR SSA CLEARANCE	
Date Received	Received & Verified By	Status (E&C):	EIN	
		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2		STAMP HERE

# Tax Laws Acknowledgement Form

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## TITLE 40 PNCA § 1601

### Records of transactions.

Every person, firm, corporation or association engaging in any transaction subject to a tax, fee or charge levied or imposed under this division shall keep a full and accurate record of each such transaction engaged in by him and such record shall be available for examination by the Director or his authorized representative for at least three years after the date of such transaction. Every business shall keep the following:

- (a) a daily record of all cash receipts showing the date, total cash receipts, cash sales, payments on accounts receivable and miscellaneous receipts. Supporting documents comprised of cash register tapes, sales, slips, receipts, and other documents relating to cash received shall be retained in chronological sequence for examination.
- (b) a daily record of credit sales showing, date, name of purchaser, invoice/receipt number, amount, and discount (if applicable). Supporting documents consisting of sales invoices or receipts shall be retained in chronological sequence for examination.
- (c) a daily record of each disbursements showing date, payee, invoice number, amount discount (if applicable), and purpose of payment. Supporting documents consisting of cancelled checks, receipts, invoices, or other evidence of cash disbursed shall be maintained in chronological sequence for examination.
- (d) such other records as the Director may require.

**Source**  
RPPL 1-63 § 701, modified.

### Tax Laws & Description

LICENSES	Licenses issued are not transferrable and shall expire on the thirty-first (31 <sup>st</sup> ) day of December, regardless of when issued. <i>(License renewal period regularly starts mid-November)</i>
W2	Employers are required to provide Wages and Tax Statement (W2) for each employee and duplicate copies for the Bureau on or before the thirty first of January <i>(due date)</i> .
PENALTIES & INTEREST	All taxes filed late will be assessed a penalty of ten percent (10%) of tax due compounded daily as well as an interest rate of (3%) of tax due compounded daily. W2s submitted late will be assessed a penalty of fifty dollars (\$50) per employee.

**DECLARATION:**

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND I UNDERSTAND THE TAX LAWS ABOVE. IT IS MY RESPONSIBILITY TO FOLLOW THE TAX CODE PROVISIONS ABOVE AND ALL OTHER TAX LAWS.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## Instructions

*This tax form, named as Tax Form One A and written as Tax-001A, will be used as the renewal form or update information form for licenses issued to those conducting commercial activities and for non-profits or non-government organizations in the Republic*

1. Applicant(s) Name: *Provide the name of an individual, partnership, corporation or association using this form.*
2. Tax Identification Number: *Provide the identification number given by the Bureau of Taxation and Revenue prior to this form. (Identification Number is an eight-digit number)*
3. Registration Type: Check one or more of the appropriate boxes:
  - a. *Check "Renew" if applicant is renewing license status.*
  - b. *Check "Update" if applicant is updating business information.*
4. Doing Business As (dba): *Indicate the correct and updated official name of business.*
5. Physical & Mailing Address:
  - a. *For "Physical" indicate the exact or approximate location to where the business can be found.*
  - b. *Check one of the appropriate boxes: 'Own' if applicant owns physical location, 'Rent/Lease' if applicant rents or leases the location and must attach rent or lease agreement or contract.*
  - c. *For "Mailing" indicate the P.O. Box Number, State, Country and Zip code.*
6. Contact Numbers: *Indicate business telephone number in 'Bus. Tel', mobile/cellular phone number in 'Cell #', Facsimile Number in 'Fax #', other contact number in 'Other #', and email address in 'email'.*
7. Name & Title of Contact Person: *Provide the name of who to contact in the first box and indicate their title in the second (smaller) box.*
8. Tax Type & Effective Date: *Check appropriate box(es) indicating applicable tax and its effective date.*
  - a. *Wages & Salary: Any business that hires and employs individuals, mark payroll type.*
  - b. *Gross Revenue: Any business that generates receipts MUST check this unless it is a Financial Institution.*
  - c. *Financial Institution: Any bank, trust company, savings bank, industrial bank, land bank, savings and loan association, cooperative bank, safe deposit company, private bank, small loan company, sales finance company, investment company or all credit unions.*
  - d. *Hotel OR Vessel Cabin: Any business that provides sleeping accommodations for paying guests.*
  - e. *Amusement Device: Any business who owns and operates a coin-activated amusement device.*
  - f. *Remittance: Any business who remits or transfers money as a commercial activity.*
  - g. *Exempt: Any business who obtained tax exemptions through proper channels, indicate exemptions and attach proper documentations.*
9. Other Information (If Applicable):
  - a. *If business is FIB registered, check mark box and indicate FIAC # and the expiration date for permit.*
  - b. *If applicant is the sole proprietor of a business, provide social security number.*
10. DECLARATION section: *After reading the declaration, print name, sign and date for person filing this tax form. Check mark appropriate status for person filing. If 'Duly Authorized Person' is checked, then must provide a copy of authorization for every instance an authorization is given.*