



# Bureau of Revenue and Taxation

P.O. Box 6069 Koror, Palau 96940  
 Tel: (680) 488-2465/2580/3303 | Fax: (680) 488-3844  
 URL: www.palau.gov.pw/brt

**TAX-004**

**BUSINESS APPLICATION FOR REFUND**  
 TYPE OR PRINT AND CHECK APPROPRIATE BOXES

**YEAR:2019**

**NOTICE TO APPLICANT:**

*Fill out form completely. Incomplete applications or applications submitted without required attachments will be returned to applicant. Altered copies of official receipt(s) and/or receipts from organizations not registered or not-in-good-standing at the Bureau of Revenue and Taxation and/or AG's Office, are not acceptable. (Last day to submit 2019 refund application is March 31, 2020. Applications are processed in order received.)*

1	Applicant Name		
2	Business ID #		
3	Contact Information	Contact Person Name	
		Tel. #:	Cell #:
		Mailing Address	
4	Type of Ownership:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	

5	<u>Name of Non-Profit Organization of Your Claim</u>	

6	<u>Refund Computation</u>	
	1. Total Gross Revenue Filed (Tax Year: Jan to Dec) 1 <sup>st</sup> ~ 4 <sup>th</sup> QTRS 2019	\$
	2. Total Revenue Tax Paid (Tax Year: Jan to Dec) 1 <sup>st</sup> ~ 4 <sup>th</sup> QTRS 2019	\$
	3. Total Contributions to Non-Profit Orgs. (Provide official receipts)	\$
	4. Amount of Refund Applied (Up to 10% of Box 2)	\$

**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

FOR OFFICIAL USE ONLY			
DATE RECEIVED & VERIFIED BY	PROCESSED BY	CERTIFIED BY	APPROVED BY