



Bureau of Revenue and Taxation

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

TAX-004A

EMPLOYEE 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	Social Security No.		
3	Contact Information		Tel. #: _____ Cell #: _____
	Mailing Address _____		
4	Employer Name		
5	<u>Name of School or Non-Profit Organization of Your Claim</u>		
6	<u>Tuition Paid Claim – Child Information</u>		
	Full Name (Last, First, M.I.)	Age	Relationship to Applicant
7	<u>Refund Computation</u>		
	1. Wages & Salaries Filed (Must attach W-2 or Last check stub of the year)		\$
	2. Total Taxes Withheld & Paid (Must attach W-2 or Last check stub of the year)		\$
	3. Total Tuition Paid (Provide official receipts)		\$
	4. Total Contributions to Non-Profit Orgs. (Provide official receipts)		\$
	5. Total Tuition and Contributions Paid (Box 3 + Box 4)		\$
	6. Amount of Refund Applied (Up to 10% of Box 2)		\$
<u>DECLARATION:</u> 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