



# Bureau of Revenue and Taxation

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

## TAX-001

### APPLICATION/REGISTRATION FOR NEW LICENSE TYPE OR PRINT AND CHECK APPROPRIATE BOXES

1	Applicant(s) Name					
2	Type of Ownership	<input type="checkbox"/> Sole Proprietor ( <i>present valid ID</i> )	SSN: _____			
	<input type="checkbox"/> Fiac #: _____	<input type="checkbox"/> Partnership ( <i>attach ORIGINAL agreement</i> )				
	Exp. Date: _____	<input type="checkbox"/> Corporation ( <i>attach ORIGINAL charter, by-laws, articles of incorporation</i> )				
3	Type of License	<input type="checkbox"/> Wholesaler	<b>\$ 300</b>	<input type="checkbox"/> Massage Parlor	<b>\$ 500</b>	
		<input type="checkbox"/> Professional	<b>\$ 300</b>	<input type="checkbox"/> Solicitor	<b>\$ 600</b>	
		<input type="checkbox"/> Importer	<b>\$ 200</b>	<input type="checkbox"/> Peddler ( <i>per day</i> )	<b>\$ 20</b>	
		<input type="checkbox"/> Tax Free Zone	<b>\$ 100</b>	<input type="checkbox"/> Other, General	<b>\$ 50</b>	
		<input type="checkbox"/> Non-Profit Organization (NGOs):				<b>\$ 50</b>
		Total Due.....				\$ _____
4	Doing Business As ( <i>dba</i> )					
5	Physical & Mailing Address	Physical				
		<input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease ( <i>attach rent/lease agreement/contract</i> )				
6	Contact Numbers	Bus. Tel: _____	Cell #: _____	Fax #: _____		
		Other #: _____	Email: _____			
7	Name & Title of Contact Person					
8	Business Activity					
9	Tax Type & Effective Date	Wages & Salary:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	Date: _____	
			<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly		
		<input type="checkbox"/> Gross Revenue			Date: _____	
		<input type="checkbox"/> Financial Institution			Date: _____	
		<input type="checkbox"/> Hotel	Date: _____	<input type="checkbox"/> Vessel Cabin	Date: _____	
		<input type="checkbox"/> Amusement Device	Date: _____	<input type="checkbox"/> Remittance	Date: _____	
	<input type="checkbox"/> Exempt:			Date: _____		
10	Business Start Date ( <i>Business Actual Start Date</i> ):					

**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 (APPLICANT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR BRT USE ONLY				FOR SSA CLEARANCE	
Processing	Date Received	Received & Verified By	TIN	EIN	STAMP HERE
DTPS					
DAC					

# Tax Laws Acknowledgement Form

## 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 and written as Tax-001, will be used as the initial registration form for businesses that want to conduct 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. Type of Ownership: *All non-citizens must obtain FIAC permit from the Foreign Investment Board to conduct commercial activities in the Republic. Check mark and indicate FIAC # and expiry date for permit.*
  - a. *Mark Sole Proprietor, if applicant is the sole owner of the business, **indicate** Social Security Number(ROP).*
  - b. *Mark Partnership, if applicant starting a partnership, visit the Office of the Attorney General (AG's office) for information and to produce an official partnership **agreement** which **must** be attached with this form.*
  - c. *Mark Corporation, if applicant is starting a corporation, visit the AG's Office for information and to produce official **charter, by-laws, and articles of incorporation** which **must** be attached with this form.*
  - d. *[Other] will be the default type if above does not apply to business. Inquire at tax office for more information.*
3. Type of License: *Check one of the appropriate boxes. For further detail on each of the Licenses offered please refer to the "Tax General Information Pamphlet", or inquire at the tax office.*
4. Doing Business As (dba): *Indicate 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 with this form.*
  - 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 person to contact in the first box and indicate their title in the second (smaller) box.*
8. Business Activity: *Describe in short what type of activity is planned to be conducted as a business. Please inquire at tax office for suggested business activity types. For any touring related activity, then must obtain a license from the Bureau of Tourism (BOT).*
9. 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.*
  - 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.*
10. Business Start Date (Business Actual Start Date): *Indicate date when business to officially start. If left blank, tax office will indicate start date as date of approval by the Director.*
11. 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.*