



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:2021

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 2021 refund application is March 31, 2022. Applications are processed in order received.)

1	Applicant Name		
2	Business ID #		
3	Contact Information	Contact Person Name	
		Tel. #:	Cell #:
		Mailing Address	
		E-mail Address	

4 Type of Ownership: Sole Proprietor Partnership Corporation Other

5 Name of Non-Profit Organization of Your Claim (*attach list if needed*)

6 Refund Computation

1. Total Gross Revenue Filed (Tax Year: Jan to Dec) 1 st ~ 4 th QRTs 2021	\$
2. Total Revenue Tax Paid (Tax Year: Jan to Dec) 1 st ~ 4 th QRTs 2021	\$
3. Total Contributions to Non-Profit Orgs. (<i>Provide official receipts</i>)	\$
4. Amount of Refund Applied (<i>Up to 10% of Box 2</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 _____ SIGNATURE _____ DATE _____

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

FOR OFFICIAL USE ONLY

DATE RECEIVED & VERIFIED BY	PROCESSED BY	CERTIFIED BY	APPROVED BY