



Bureau of Revenue and Taxation

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TAX-001D

BUSINESS INFORMATION UPDATE FORM
 TYPE OR PRINT AND CHECK APPROPRIATE BOXES

Taxpayer Name:	TIN:
Business Name:	BID:
Mailing Address:	

Select the box for each information to update and fill in the appropriate section the new information:

1	<input type="checkbox"/> Business Name:				
2	<input type="checkbox"/> FIAC Information:	FIAC #:	Exp. Date:		
3	<input type="checkbox"/> Type of License	<input type="checkbox"/> Wholesaler \$ 300	<input type="checkbox"/> Massage Parlor \$ 500		
		<input type="checkbox"/> Professional \$ 300	<input type="checkbox"/> Solicitor \$ 600		
		<input type="checkbox"/> Importer \$ 200	<input type="checkbox"/> Peddler (per day) \$ 20		
		<input type="checkbox"/> Tax Free Zone \$ 100	<input type="checkbox"/> Other, General: \$ 50		
		Total Due.....\$			
4	<input type="checkbox"/> Business Physical & Mailing Address	<input type="checkbox"/>	Physical		
			Building/land, village: Hamlet: State: Brief Description:		
		<input type="checkbox"/>	Own/Rent		
		<input type="checkbox"/> Own	<input type="checkbox"/> Rent/Lease (attach rent/lease agreement/contract)		
		Agreement Expiration Date: _____			
		<input type="checkbox"/>	Mailing		
5	<input type="checkbox"/> Business Contact	<input type="checkbox"/> Bus. Tel:	<input type="checkbox"/> Cell #:	<input type="checkbox"/> Fax #:	
6	<input type="checkbox"/> Business Activity				
7	<input type="checkbox"/> Tax Type & Effective Date	<input type="checkbox"/> 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"/> Hotel	Date:	<input type="checkbox"/> Vessel Cabin	Date:
	<input type="checkbox"/> Amusement	Date:	<input type="checkbox"/> Remittance	Date:	

DECLARATION: I HEREBY DECLARE THAT ALL OF THE INFORMATION PROVIDED IN THIS FORM INCLUDING ANY SUBMITTED ATTACHMENTS ARE TRUE AND CORRECT.

PRINT NAME (APPLICANT) _____ SIGNATURE _____ DATE _____
 STATUS (CHECK APPROPRIATE BOX): Sole Proprietor Partner Director Duly Authorized Person

FOR OFFICIAL USE ONLY				
Date Received	Received & Verified By	Date Processed	Processed By	Notes

Tax 001D – Instructions

This tax form, named as Tax Form One D and written as Tax-001D, is the Bureau of Revenue and Taxation Business Information Update Form for taxpayers intending to update their business information.

Input information identifying the taxpayer and the specific business requiring changes to its information.

TAXPAYER NAME: *Provide the name of the registered Taxpayer using this form.*

TIN: *Provide the six-digit tax identification number issued by the BRT.*

BUSINESS NAME: *Provide the name of the business with information to update.*

BID: *Provide the listed business's eight-digit business identification number issued by the BRT.*

Mailing Address: *Indicate the mailing address that was provided to BRT.*

Select the box for each information you wish to update before providing the updated information in the appropriate line:

1. Business name: *If there is a change in the name of the business.*
2. FIAC Information: *If there is a change to the business's FIAC Number or Expiration.*
3. Type of License: *If there is a change the business's license type (s).*
4. Business Physical & Mailing Address: *If there is any change to the physical and mailing address of the taxpayer including any changes with the lease agreement.*
5. Primary Contact Information: *If there are changes to any of the contact information provided to BRT.*
6. Business Activity: *If there is a change in the business's activity.*
7. Tax Type & Effective Date: *If there is a change to the business's applicable taxes and/or its effective date.*

Provide signature and additional information certifying the changes requested and the individual's authority to make such changes.

8. DECLARATION: *After reading and acknowledging the declaration, print name, sign and date.*
9. STATUS: *Select the appropriate box indicating the position of the person submitting this form.*