



Bureau of Revenue and Taxation

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

TAX-004

BUSINESS APPLICATION FOR REFUND
TYPE OR PRINT AND CHECK APPROPRIATE BOXES

YEAR:2022

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 2022 refund application is March 31, 2023. 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:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
5	Name of Non-Profit Organization of Your Claim (<i>attach list if needed</i>)		
6	Refund Computation		
	1. Total Gross Revenue Filed (Tax Year: Jan to Dec) <i>1st ~ 4th QRTs 2022</i>	\$	
	2. Total Revenue Tax Paid (Tax Year: Jan to Dec) <i>1st ~ 4th QRTs 2022</i>	\$	
	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): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Duly Authorized Person		

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