



**WAGES & SALARY RECONCILIATION FORM 2023**

TYPE OR PRINT CLEARLY

**NOTE TO APPLICANT:** This form is for all employees - other than Palauan citizens who earned \$15,000 or less wages and salary in 2023 - with qualified contributions to Nonprofit Corporations and tuition payments. An additional refund will be processed and issued with the amount applied if there were excess payments of wage and salary taxes made in the application year. Application must be accompanied with employer-issued W2 Statement(s). Contributions and tuition payments claims must be accompanied with copies of unaltered official receipt(s). Applicants need to fill out and submit a SINGLE form for all eligible contributions and tuition payments on or before Monday, April 01, 2024.

**Section I. Applicant Information:**

Name:		SSN:	
Cell Phone #:		Telephone #:	
Email Address:		Mailing Address:	

**Section II. Wages & Salaries (Must attach W2 Statements)**

Total Wages and Salaries Received in 2023 ("WAGES PAID" on W2 Form(s) – see instructions)	A	\$
Total Wages and Salaries Tax Withheld in 2023 ("TAX WITHHELD" on W2 Form(s)– see instructions)	B	\$

**Section III. Contributions to Palau Community College and Eligible Nonprofit Corporations**

Attach original or copies of official, unaltered receipts. You may use the Continuation Sheet if more space is required.

Name of Organization (Palau Community College, or Nonprofit corporation):	Contribution Amount:
	\$
	\$
	\$
	\$
<b>TOTAL CONTRIBUTIONS (Include Amounts from Continuation Sheet):</b>	<b>C</b> \$

**Section IV. School Tuition Payment Credits**

Attach original or copies of official, unaltered receipts. You may use the Continuation Sheet if more space is required.

Full Name of Child (Last Name, First Name, Middle Name)	Age:	Relationship to Applicant:	Tuition Amount Paid:
			\$
			\$
			\$
			\$
<b>TOTAL TUITION PAID (Include Amounts from Continuation Sheet):</b>			<b>D</b> \$

**Section V. Tax Refund Calculation:**

Maximum Refundable Amount, up to 10% of Wages and Salary Tax paid (Box B x 10%):	E	\$
Total Contributions and Tuition Paid (Total of Box C & Box D):	F	\$
<b>Total Refund Amount Applied (If Amount in Box F exceeds Amount in Box E, then put Amount from Box E):</b>	<b>G</b>	\$

**Section VI. Declaration:**

I hereby declare that all the information provided in this form, including any submitted attachments are true and correct.

Print Name	Signature	Date
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**FOR OFFICIAL USE ONLY**

Date Received/Verified By:		Date Processed/Processed by:	
Tax Payable:		(Underpayment)/Overpayment:	
Refund Amount Certified:		Refund Amount Variance:	
Certified By/Date:		Approved By/Date:	

