



Application for Employer Identification Number (EIN)

EIN

For use by Employers for

- NEW EIN/SUB EIN
 Request for change of Business record

Type or print clearly

1 Name of Business/Legal name of entity for whom the EIN is being requested	
2 Names and social security numbers (if any) of all owners/officers	
1.	SSN ►
2.	SSN ►
3.	SSN ►
4.	SSN ►
5.	SSN ►
3a Mailing address (room, apt., suite no. and street, or P.O. box)	4 Street address/Hamlet (do not enter P.O. box)
3b City, state, and Zip Code	5 Phone
6 Email	7 Fax
8 Business start date ►	9 For profit? <input type="checkbox"/> Yes <input type="checkbox"/> No
10 Number of Employees ► Regular _____ Part-time _____	11 Gross Receipt over \$10,000? <input type="checkbox"/> Yes <input type="checkbox"/> No
12 Type of Business/Entity (check box). <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> With or <input type="checkbox"/> Without Employees <input type="checkbox"/> Partnership <input type="checkbox"/> With or <input type="checkbox"/> Without Employees <input type="checkbox"/> Corporation <input type="checkbox"/> With or <input type="checkbox"/> Without Employees <input type="checkbox"/> Joint Venture <input type="checkbox"/> Cooperative/Credit Union <input type="checkbox"/> Association <input type="checkbox"/> Other, Specify ►	13 Location of Main Office <input type="checkbox"/> Foreign ► _____ FIAC No. ► _____ Serial Corporation No. ► _____ <input type="checkbox"/> Domestic Serial Corporation No. ► _____
14 Nature of Business Check one box that best describes the principal activity of your business.	
<input type="checkbox"/> Construction <input type="checkbox"/> Space Rental <input type="checkbox"/> Tour Services <input type="checkbox"/> Restaurant <input type="checkbox"/> Beauty Salon <input type="checkbox"/> Wholesalers <input type="checkbox"/> Dress Shop <input type="checkbox"/> Consulting Services <input type="checkbox"/> Gift Shop <input type="checkbox"/> Laundromat <input type="checkbox"/> Boat Rental <input type="checkbox"/> Car Rental <input type="checkbox"/> Hotel & Motels <input type="checkbox"/> Car Wash <input type="checkbox"/> Print Shop <input type="checkbox"/> Bars & Lounges <input type="checkbox"/> Pharmacies <input type="checkbox"/> Apartments <input type="checkbox"/> Other, Specify ►	<input type="checkbox"/> General Merch./Retailer <input type="checkbox"/> Auto Repair Shop <input type="checkbox"/> Finance/Small Loan <input type="checkbox"/> Diving Tours & Services <input type="checkbox"/> Catering Services <input type="checkbox"/> Other, Specify ►

(For Office Use)
SIC Code

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the EIN and answer questions about the completion of this form.	
Designee's name	Designee's telephone number
Address and Zip Code	Designee's fax number

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ►



SOCIAL SECURITY ADMINISTRATION

P.O. Box 679 Koror, PW 96940

Phone:(680)488-2457/Fax:(680)488-1470

Email: administration@ropssa.org /Website:www.ropssa.org

Employer Briefing

(applicable to new business only)

Employer/Representative

WHO CONTRIBUTES TO THE PROGRAM?

All employees working in ROP and all ROP citizens who are employed by a corporation domiciled in Palau and are working outside of Palau.

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SOCIAL SECURITY AND HEALTH CARE FUND CONTRIBUTIONS

- ▶ Social Security Tax Rate: 14% (Employer 7%, Employee 7%)
▶ Health Care Fund Tax Rate: 5% (Employer 2.5%, Employee 2.5%)

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OWNER'S SHARE

Self-employed person or business owner is required to report as their presumed income twice the amount of the highest paid employee in any given quarter or may choose to report actual salary/wage as a basis for contribution. Under the Law, they are considered both employer and employee and are required to pay SS at 14% and HCF at 5% of the total income.

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PAYMENT DEADLINES

- ▶ 1st Quarter: March 31 ----- due by April 30
▶ 2nd Quarter: June 30 ----- due by July 31
▶ 3rd Quarter: September 30 ----- due by October 31
▶ 4th Quarter: December 31 ----- due by January 31

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PENALTY AND INTEREST

Social Security Penalty and Interest

- ▶ \$250 or 100% of SS Tax due, whichever is greater
▶ Maximum penalty is \$2,000/Qtr.
▶ Interest rate is 1% per month or 12% per annum

Health Care Fund Interest

- ▶ Interest rate is 1% per month or 12% per annum

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PAYROLL RECORD RETENTION

Any Employer subject to the provisions of 41 PNC shall be required to keep any records relating to the payment of Social Security including but not limited to contributions paid, payroll, and employee social security numbers for at least six (6) years. These records shall be kept in English or Palauan and made available to the Administration at any time upon a written request.

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RENEWAL OF EMPLOYER IDENTIFICATION NUMBER (EIN) FOR ALL EXISTING/NEW BUSINESS

All existing and any new business EIN's will need to be renewed prior to December 31, XXXX and annually thereafter.

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NON-FILERS/DELINQUENT

Any Employer with outstanding Quarterly Returns or SSA tax liability will have to clear all outstanding amounts prior to the renewal of EIN. If you know that you have any outstanding SSA tax liability and have failed to resolve them, you must contact the Administration and schedule an appointment regarding your delinquency. Having a settlement provides you with an opportunity to renew your business EIN.

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FAILURE TO RENEW EIN

Any Employer that fails to renew its EIN by the established deadline will not be eligible to obtain a business license at the Bureau of Revenue and Taxation and your business status will be "closed". This will prohibit the business and its representatives from engaging with any business transactions as set forth with Chapter 15, 40PNC.

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After consultation with ROP, SSA Staff, I acknowledge my obligations and responsibilities as an Employer to the Administration.

Name and title (type or print clearly) ▶

Signature ▶

Date ▶

(For Office Use only)

Briefed by (SSA Staff name and title)▶

Signature ▶

Date ▶

Comments