



*Republic of Palau*  
**SOCIAL SECURITY ADMINISTRATION**  
 Social Security and Health Care Fund  
 Self-Employed/Domestic Employer's Quarterly Tax Report

P. O. Box 679  
 Koror, Republic of Palau 96940  
 Tel: 488-2457/1823  
 Fax: 488-1470  
[www.ropssa.org](http://www.ropssa.org)

Name of Employer: \_\_\_\_\_ EIN: 

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P.O. Box: \_\_\_\_\_ Phone: \_\_\_\_\_ SSN: 

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State: \_\_\_\_\_ Hamlet: \_\_\_\_\_ Date Quarter Ended: \_\_\_\_\_

	1 EMPLOYEE'S NAME <small>(Please type or print)</small>	2 PALAU SOCIAL SECURITY NUMBER	3 GROSS WAGES	4 COMBINED SOCIAL SECURITY TAX - 14% <small>(apply to col. 3)</small>	5 COMBINED HEALTHCARE FUND TAX - 5% <small>(apply to col. 3)</small>
	<small>LAST NAME      FIRST NAME      MI</small>				
1				\$	
2				\$	
3				\$	
4				\$	
5				\$	
<b>DEADLINES:</b>  1st Qtr: March 31    -- due by April 30 2 <sup>nd</sup> Qtr: June 30     -- due by July 31 3 <sup>rd</sup> Qtr: September 30 -- due by October 31 4 <sup>th</sup> Qtr: December 31 -- due by January 31			<b>6. TOTAL</b> ..... \$		\$
<b>13. IMPORTANT NOTICE:</b> <i>Failure to comply with the deadlines will result with civil penalty of 100% of amount owed or \$250 whichever is greater. A civil penalty could be charged up to \$2,000 per Quarter.</i>			<b>7. ADJUSTMENTS</b> (Overpayment/Underpayment/Other).....		\$
			<b>8. PENALTY CHARGE</b> (If filed & paid after the deadline).....		\$
			<b>9. INTEREST</b> (If payment is made after the deadline).....		\$
			<b>10. TOTAL BY TAX</b> .....		\$
			<b>11. GRAND TOTAL DUE</b> (Col. 4 + Col. 5).....		\$
			<b>12. Total number of employees listed</b> → _____		

**14. DECLARATION:** Under the penalties of perjury, I declare that the Quarterly Tax Report is, to the best of my knowledge and belief, true and correct.

Title	Owner's Name/Officer	Signature	Date
<b>FOR OFFICIAL USE ONLY</b>			
DATE FILED: (Postmarked*)	DATE PAID:	AMOUNT PAID:	RECEIPT NO.:
		RCV'D BY:	VERIFIED BY:
			POSTED BY:

(\*If received after the due date, show postmark)

ROPSSA 500-15 (Rev.11/17)