



Republic of Palau
SOCIAL SECURITY ADMINISTRATION
 Social Security and Health Care Fund
EMPLOYER WITHOUT EMPLOYEE(S)
 Quarterly Tax Report

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

EMPLOYER:

Business Name: _____ EIN:

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Owner's Name: _____ Payroll Ending Date: _____

P.O.Box: _____ Phone: _____ Date Quarter Ended: _____

Location: _____ Total Gross Revenue earned during this period \$ _____

1	2	3	4	5
OWNER'S NAME (Please type or print)	PALAU SOCIAL SECURITY NUMBER	GROSS WAGES 10% of Gross Revenue	COMBINED SOCIAL SECURITY TAX - 14% (apply to col. 3)	COMBINED HEALTHCARE FUND TAX - 5% (apply to col. 3)
LAST NAME FIRST NAME MI			\$	
			\$	
			\$	
			\$	
CHECK TYPE OF BUSINESS: SP w/out employees <input type="checkbox"/> PA w/out employees <input type="checkbox"/> CO w/out employees <input type="checkbox"/> Other w/out employees <input type="checkbox"/> Specify: _____	6. ADJUSTMENTS (Overpayment/Underpayment/Other).....		\$	
	7. PENALTY CHARGE (If filed & paid after the deadline).....		\$	
	8. INTEREST (If payment is made after the deadline).....		\$	
	9. TOTAL BY TAX.....		\$	
	10. (OPTIONAL): MSA DEPOSIT- Minimum of \$10.....		\$	
DEADLINES: 1st Qtr: March 31 - due by April 30 2 nd Qtr: June 30 - due by July 31 3 rd Qtr: September 30 - due by October 31 4 th Qtr: December 31 - due by January 31	11. GRAND TOTAL DUE.....		\$	

12. IMPORTANT NOTICE: 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.

13. 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
FOR OFFICIAL USE ONLY			
DATE FILED: (Postmarked*)	DATE PAID:	AMOUNT PAID:	RECEIPT NO.:
RCV'D BY:	VERIFIED BY:	POSTED BY:	