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Republic of Palau SOCIAL SECURITY ADMINISTRATION

Social Security and Health Care Fund Employer's Quarterly Tax Report P.O. Box 679

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EMPLOYER: Business' Name: EIN: Payroll Ending Date: _____ Owner's Name: Phone: P. O. Box: Date Quarter Ended: Location: Total Gross Revenue earned during this period\$ COMBINED COMBINED **OWNER'S SHARE** PALAU SOCIAL SECURITY **GROSS WAGES** (Please type or print) SS TAX - 14% HCF TAX - 5% NUMBER LAST NAME FIRST NAME ΜI (apply to col. 3) (apply to col. 3) \$ \$ PALAU SOCIAL SECURITY COMBINED **EMPLOYEE'S NAME** COMBINED **GROSS WAGES** LAST NAME FIRST NAME MI **NUMBER** SS TAX - 14% HCF TAX - 5% \$ 13 **CHECK TYPE OF BUSINESS:** \$ \$ \$ 6 TOTAL..... Sole Proprietorship Joint Venture 7 ADJUSTMENTS (Overpayment/Underpayment/Other)..... Credit Union Corporation 8 PENALTY CHARGE (If filed & paid after the deadline)..... Partnership 9 INTEREST (If payment is made after the deadline)..... Other: 10 TOTAL BY TAX..... **DEADLINES** 11 GRAND TOTAL DUE (Col. 4 + Col. 5)...... 1st Qtr: March 31.....due by April 30 2nd Qtr: June 30.....due by July 31 12 Total number of employees listed 3rd Qtr: September 30......due by October 31 4th Qtr: December 31.....due by January 31 13. IMPORTANT NOTICE: Failure to comply with the deadlines will result with civil penalty of 100% of amount owed or \$250 which ever is greater. A civil penalty could be charged up to \$2,000 per Quarter. 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 FOR OFFICIAL USE ONLY DATE PAID: AMOUNT PAID: RECEIPT NO.: RCV'D BY: VERIFIED BY: POSTED BY: DATE FILED: (Postmarked*)