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

Name of Employer: _____ **EIN:** ☐☐☐☐☐–☐☐

P.O. Box: _____ **Phone:** _____ **SSN:** ☐☐☐–☐☐–☐☐☐☐

State: _____ **Hamlet:** _____ **Date Quarter Ended:** _____

	1 EMPLOYEE'S NAME (Please type or print) LAST NAME / FIRST NAME / MI	2 PALAU SOCIAL SECURITY NUMBER	3 GROSS WAGES	4 COMBINED SOCIAL SECURITY TAX – 14% (apply to col. 3)	5 COMBINED HEALTHCARE FUND TAX – 5% (apply to col. 3)
1				$ 0	0
2				$ 0	0
3				$ 0	0
4				$ 0	0
5				$ 0	0
	6. TOTAL.....		$ 0	$ 0	0
	7. ADJUSTMENTS (Overpayment/Underpayment/Other).....			$	
	8. PENALTY CHARGE (If filed & paid after the deadline).....			$	
	9. INTEREST (If payment is made after the deadline).....			$	
	10. TOTAL BY TAX.....			$ 0	0
	11. GRAND TOTAL DUE (Col. 4 + Col. 5).....			$ 0	

DEADLINES:

1st Qtr: March 31 -- due by April 30
2nd Qtr: June 30 -- due by July 31
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 whichever is greater. A civil penalty could be charged up to $2,000 per Quarter.***

12. Total number of employees listed ➔ _____

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 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)