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:** | | | | | | – | | |

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) LAST NAME FIRST NAME MI	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)
			$ 0	0
			$ 0	0
			$ 0	0
			$ 0	0

CHECK TYPE OF BUSINESS:

- SP w/out employees ☐
- PA w/out employees ☐
- CO w/out employees ☐
- Other w/out employees ☐

Specify: _____

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

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.....	$ 0	0
10. (OPTIONAL): MSA DEPOSIT- Minimum of $10.....	$	
11. GRAND TOTAL DUE.....	$ 0	

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:

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