Republic of Palau
SOCIAL SECURITY ADMINISTRATION
Social Security and Health Care Fund
Employer's Quarterly Tax Report

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

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 SHARE (Please type or print) LAST NAME FIRST NAME MI	PALAU SOCIAL SECURITY NUMBER	GROSS WAGES	COMBINED **SS TAX - 14%** (apply to col. 3)	COMBINED **HCF TAX - 5%** (apply to col. 3)
1				$ 0.00	$ 0.00
	EMPLOYEE'S NAME LAST NAME FIRST NAME MI	PALAU SOCIAL SECURITY NUMBER	GROSS WAGES	COMBINED **SS TAX - 14%**	COMBINED **HCF TAX - 5%**
1				$ 0.00	$ 0.00
2				0.00	0.00
3				0.00	0.00
4				0.00	0.00
5				0.00	0.00
6				0.00	0.00
7				0.00	0.00
8				0.00	0.00
9				0.00	0.00
10				0.00	0.00
11				0.00	0.00
12				0.00	0.00
13				0.00	0.00
14				0.00	0.00
15				0.00	0.00
6	**TOTAL**.....		$ 0.00	$ 0.00	$ 0.00
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**.....			$ 0.00	$ 0.00
11	**GRAND TOTAL DUE (Col. 4 + Col. 5)**.....			$ 0.00	
12	**Total number of employees listed** ➔ _____				

CHECK TYPE OF BUSINESS:

- ☐ Sole Proprietorship
- ☐ Joint Venture
- ☐ Corporation
- ☐ Credit Union
- ☐ Partnership _____
- ☐ Other: _____

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 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 FILED: (Postmarked*)	DATE PAID:	AMOUNT PAID:	RECEIPT NO.:	RCV'D BY:	VERIFIED BY:	POSTED BY:

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