



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.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 SHARE <small>(Please type or print)</small>			PALAU SOCIAL SECURITY NUMBER	GROSS WAGES	COMBINED SS TAX - 14% <small>(apply to col. 3)</small>	COMBINED HCF TAX - 5% <small>(apply to col. 3)</small>
LAST NAME	FIRST NAME	MI				
1					\$	\$
EMPLOYEE'S NAME			PALAU SOCIAL SECURITY NUMBER	GROSS WAGES	COMBINED SS TAX - 14%	COMBINED HCF TAX - 5%
LAST NAME	FIRST NAME	MI				
1					\$	\$
2					\$	\$
3					\$	\$
4					\$	\$
5					\$	\$
6					\$	\$
7					\$	\$
8					\$	\$
9					\$	\$
10					\$	\$
11					\$	\$
12					\$	\$
13					\$	\$
14					\$	\$
15					\$	\$

<p>CHECK TYPE OF BUSINESS:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Sole Proprietorship</td> <td><input type="checkbox"/> Joint Venture</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Credit Union</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation	<input type="checkbox"/> Credit Union	<input type="checkbox"/> Partnership		<input type="checkbox"/> Other: _____		<table style="width: 100%;"> <tr> <td style="width: 30%;">6. TOTAL.....</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 10%; text-align: right;">\$</td> </tr> <tr> <td>7. ADJUSTMENTS (Overpayment/Underpayment/Other).....</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>8. PENALTY CHARGE (If filed & paid after the deadline).....</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>9. INTEREST (If payment is made after the deadline).....</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>10. TOTAL BY TAX.....</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>11. GRAND TOTAL DUE (Col. 4 + Col. 5).....</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> </table>	6. TOTAL.....	\$	\$	\$	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.....		\$	\$	11. GRAND TOTAL DUE (Col. 4 + Col. 5).....		\$	\$
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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

12. Total number of employees listed → _____

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.

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)