

APPLICATION FOR EMPLOYER NUMBER
REPUBLIC OF PALAU SOCIAL SECURITY ADMINISTRATION

1. Name of Business: _____ EIN # _____

2. Please enter the names and social security number (if any) of all owners/officers:

1. _____ SSN _____

2. _____ SSN _____

3. _____ SSN _____

4. _____ SSN _____

3. Business Address: _____ Location: _____ Zip Code: _____
 Phone: _____ Fax: _____ Email: _____

4. Date Business Began: _____ 5. Gross Receipts over \$10,000: Yes _____ No _____

6. Number of Employees: Regular _____ Part-time _____ 7. Type of Business: Profit _____ Non-Profit _____

8. Type of Business (Check One):

<u>Government</u>	<u>Private</u>	
Semi-government _____	Sole Proprietorship _____	Corporation: w/emp _____
National _____	Partnership: w/emp _____	: w/o emp _____
State _____	: w/o emp _____	Cooperative/Credit Union _____
Foreign Embassy _____	Joint Venture _____	Other: Specify _____
	Association _____	

9. Nature of Business: SIC Code: _____ (Other Use) _____ (SIC Description of Business Activity)

10. Location of Main Office: Foreign _____ Domestic _____
 FIAC No. _____ Serial Corporation No. _____
 Serial Corporation No. _____

Signature: _____ Title: _____ Date: _____

ROPSSA-500-05 Rev. 10/14

CHECKLIST FOR NEW EIN/SUB

1. Employer briefed of their obligations. Initial _____
2. Penalty charges (\$250.00 or greater). Initial _____
3. New Policy (correction charges). Initial _____
4. Did you call employer before the end of the month? Yes _____ No _____
5. Did they start? Yes _____ No _____
If yes, when? _____
6. If they started did you create a folder? Yes _____ No _____
7. If they started, did you make a copy of the application form? Yes _____ No _____

Employer's Name (Print)

Employer's Signature (Date)