The purpose of this survey is to get an update status of your business. Please complete, cut along the dotted line and return the survey form to Social Security Administration by _____.

Should you have any questions regarding this survey form or any of the Employer's requirements, please contact the Administration at the numbers/ addresses provided at the back of the survey form. Our office hours are Monday to Friday from 8:00 a.m. to 5:00 p.m.

Thank you for your usual support and assistance.

## NOTICE

**Any employer subject to the provisions of 41 PNC shall be required to keep any records relating to the payment of Social Security including but not limited to contributions paid, payroll, and employee Social Security numbers for at least six (6) years. These records shall be kept in English or Palauan and made available to the Administration at any time upon written request.**

# Business Survey Form
# Republic of Palau Social Security Administration

Name of Business_____

_____

EIN#_____

***Check all that applies***

__Sole Proprietorship __Partnership

__Corporation __Association/ Organization

__Profit __Non-Profit

Mailing Address_____

_____

Location _____

Telephone#_____

Owner(s) _____

_____

Officer(s)_____

_____

_____

Number of Employees_____

**Mark appropriate boxes and fill in the blanks**

☐ Never Opened

☐ Closed

☐ Temporarily closed and expected to re-open on_____

☐ Fully operating but not reporting

*Reason:*_____

_____

☐ No employees w/less than $10,000 annual gross revenue

☐ No employees w/at least $10,000 annual gross revenue

☐ Has employees w/less than $10,000 annual gross revenue

☐ Has employees w/at least $10,000 annual gross revenue

***Under the penalties of perjury, I declare that the information provided are true and correct.***

_____ _____

Signature Date