Republic of Palau

SOCIAL SECURITY ADMINISTRATION

Social Security and Health Care Fund

Self-Employed/Domestic Employer's Quarterly Tax Report

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

Name of Employer: _____ **EIN:** ☐☐☐☐☐—☐☐

P.O. Box: _____ **Phone:** _____ **SSN:** ☐☐☐—☐☐—☐☐☐☐

State: _____ **Hamlet:** _____ **Date Quarter Ended:** ___/___/___

	1 EMPLOYEE'S NAME (Please type or print) LAST NAME	FIRST NAME	MI	2 PALAU SOCIAL SECURITY NUMBER	3 GROSS WAGES	4 WAGES SUBJECT TO SS TAX (not over $6,000)	5 COMBINED SOCIAL SECURITY TAX - 12% (apply to col. 4)	6 COMBINED HEALTHCARE TAX - 5% (apply to col. 3)
1							$ -	$ -
2							$ -	$ -
3							$ -	$ -
4							$ -	$ -
5							$ -	$ -
7	**TOTAL**				$ -	$ -	$ -	$ -
8	**ADJUSTMENTS** (Overpayment/Underpayment/ Other).....						$ -	$ -
9	**PENALTY CHARGE** (If filed and paid after the deadline).....						$ -	
10	**INTEREST** (If payment is made after the deadline).....						$ -	$ -
11	**TOTAL BY TAX**.....						$ -	$ -
12	**GRAND TOTAL DUE (Column 5 + Column 6)**.....						$ -	
13	**Total number of employees listed** ➡							

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

14. 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.*

15 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.*

Print Name	Signature	Title	Date

FOR OFFICIAL USE ONLY

DATE FILED: (Postmarked*)	DATE PAID	AMOUNT PAID	RECEIPT NO.	RECEIVED BY:	VERIFIED BY:

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