



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 OWNER'S SHARE <small>(Please type or print)</small>			2 PALAU SOCIAL SECURITY NUMBER	3 GROSS WAGES	4 WAGES SUBJECT TO SS TAX <small>(not over \$6,000) 2X highest pay Emp.</small>	5 COMBINED SOCIAL SECURITY TAX - 12% <small>(apply to col. 4)</small>	6 COMBINED HEALTHCARE TAX - 5% <small>(apply to col. 3)</small>
LAST NAME	FIRST NAME	MI					
1						\$ -	\$ -
OWNER'S SHARE			PALAU SOCIAL SECURITY NUMBER	GROSS WAGES	TOTAL WAGES SUBJECT TO SS TAX	COMBINED SS TAX - 12%	COMBINED HCF TAX - 5%
LAST NAME	FIRST NAME	MI					
1						\$ -	\$ -
2						\$ -	\$ -
3						\$ -	\$ -
4						\$ -	\$ -
5						\$ -	\$ -
6						\$ -	\$ -
7						\$ -	\$ -
8						\$ -	\$ -
9						\$ -	\$ -
10						\$ -	\$ -
11						\$ -	\$ -
12						\$ -	\$ -
13						\$ -	\$ -
14						\$ -	\$ -
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 ➔ _____							

CHECK TYPE OF BUSINESS:

Sole Proprietorship Joint Venture

Sole Proprietorship W/out Employees Corporation

Partnership Credit Union

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

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.

Title	Owner's Name/Officer	Signature	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)