



**Division of Revenue & Taxation**  
 P.O. Box 6069, Koror, Palau 96940  
 Tel : (680) 488-2465/2580 Fax : (680) 488-3844

**TAX-200**

BUSINESS NAME AND MAILING ADDRESS

**BUSINESS GROSS REVENUE QUARTERLY TAX RETURN**

(Please type or print)

TIN	PERIOD: TO	DUE DATE
GROSS REVENUE .....		1
<b>ALLOWABLE DEDUCTION:</b>		
CITIZEN (100% - actual amount) .....		2
TAXABLE REVENUE: Box 1 – Box 2 = Box 3.....		3
TAX DUE : Box 3 x 4%.....		4
NUMBER OF DAYS LAPSED.....		5
PENALTY (TAX DUE X 10% X # OF DAYS/30).....		6
INTEREST (TAX DUE X 3% X # OF DAYS/30).....		7
TOTAL DUE AND PAYABLE .....		8

**DECLARATION**

I HEREBY DECLARE UNDER THE PENALTY OF PERJURY, THAT ALL OF THE ABOVE INFORMATION ARE TRUE AND CORRECT, I UNDERSTAND THAT PENALTY FOR SUBMITTING FRAUDULENT INFORMATION ON THIS FORM IS IMPRISONMENT OF UP TO 3 YEARS AND FINE OF UP TO \$10,000 IN ADDITION TO ASSESSMENT OF CIVIL PENALTY OF UP TO 50% OF TAX OWED.

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 Print Name Signature Date

Status:  Director  Partner  Sole Proprietor  Duly authorized person (check mark appropriate)

TAX OFFICE USE ONLY						
Date Filed	Date Paid	Amount Paid	Rcpt. No.	Rec'd / Verified by:	Entered by:	Trans. #