Division of Revenue & Taxation

P.O. Box 6069, Koror, Palau 96940

Tel : (680) 488-2465/2580 Fax : (680) 488-3844

TAX-201

BUSINESS NAME AND MAILING ADDRESS

FINANCIAL INSTITUTION QUARTERLY RETURN

(Please print or type)

TIN	PERIOD TO	DUE DATE

TOTAL REVENUE …….……	1	
LESS TOTAL EXPENSES (This period only)……....……	2	
TAXABLE INCOME	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.

_____ _____ _____/_____/_____

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	Receipt No.	Rec'd/Verified by:	Entered by:	Trans. #