Division of Revenue & Taxation

P.O. Box 6069, Koror, Palau 96940
Tel : (680) 488-2465/2580 Fax : (680) 488-3844

TAX-300

BUSINESS NAME AND MAILING ADDRESS

HOTEL ROOM TAX

(Please type or print)

TIN:	PERIOD: TO	DUE DATE:

NET ROOM CHARGES……..	1	
TAX DUE/PAYABLE (10% of Box 1)…….……...	2	
NUMBER OF DAYS LAPSED……	3	
PENALTY (TAX DUE X 10% X # OF DAYS/30)…….……	4	
INTEREST (TAX DUE X 3% X # OF DAYS/30)……..…….……	5	
TOTAL DUE AND PAYABLE…….……...	6	

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