



Division of Revenue & Taxation

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

BUSINESS NAME AND MAILING ADDRESS

VESSEL CABIN TAX

(Please type or print)

TIN:	MONTH:	DUE DATE:
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VESSEL CABIN TAX.....	1	
AMOUNT DUE/PAYABLE.....	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. #