



## Division of Revenue & Taxation

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

**TAX-302**

BUSINESS NAME AND MAILING ADDRESS

### AMUSEMENT DEVICE TAX

(Please type or print)

<b>TIN:</b>	<b>DUE DATE:</b>
-------------	------------------

NUMBER OF AMUSEMENT DEVICES .....	1	
TAX DUE/PAYABLE (BOX 1 X \$200.00) .....	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	
<b>TOTAL DUE AND PAYABLE.....</b>	<b>6</b>	

**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. #