



Dipáttamenton Kontribusion yan Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

Lourdes A. Leon Guerrero, Governor Maga'haga
Joshua F. Tenorio, Lt. Governor, sigundo Maga'lahi

Dafne M. Shimizu, Director
Dierktot
Marie P. Lizama, Deputy Director
Segundu Dierktot

GuamTax.com

Registration Form for
Specialized Service Providers

Date of Application	EIN/SSN	Company Name		
Contact Person		E-Mail Address	Phone Number	Fax Number
Mailing Address				
Zip Code:				
Do you already have a GuamTax user account? If so, account name:				

My company provides the following specialized service:

- Payroll Processing
(Check this if your company file SWICA for other businesses.)
- Vehicle Safety Inspection
- Vehicle Insurance
- Type of Vehicle Insurance Applicant:
- Insurance Company
- Agent/Subagent
(If checked, please complete Certification for Agent/
Subagent to the right.)

Certification for Agent/Subagent Only	
We, the Undersigned Insurance Company, do hereby authorize the Department of Revenue and Taxation to make available the following option to the above Agent/Subagent.	
<input type="checkbox"/> Access all Vehicle Insurance Policies for the Insurance Company.	
<input type="checkbox"/> Access only the Vehicle Insurance Policies written by the above mentioned Agent/Subagent.	
Name of Insurance Company	
Name of Authorized Representative	
Signature of Authorized Representative	Date

Please note that, upon approval, a copy of this registration form along with your ID and Access Code will be mailed to the mailing address specified above.

I, representative of the above mentioned company, hereby authorize the Department of Revenue & Taxation to register for a GuamTax Online Account on the GuamTax.com website. Under penalties of perjury, I declare that I have examined this registration form and statement and to the best of my knowledge and belief, they are true, correct, and complete.

Sign here

Signature _____

Date _____

Name and Title _____

Department of Revenue and Taxation Staff Use Only	
Employee Name:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Date Received:	
Date Completed:	
Assigned ID Number:	Assigned Access Code: