

DEPARTMENT OF REVENUE AND TAXATION  
**TAX PREPARER'S REGISTRATION RENEWAL APPLICATION**

Please Read Enclosed Instructions

Official Use Only			
Receipt No:			
Fee:		Bond:	
Registration No:			

Attach a money order, cashier's or personal check payable to Treasurer of Guam. DO NOT send cash. Registration fee, principle location fee, additional location fee, and a \$1000.00 bond must accompany application.

Type of Application:

Individual
                         
  Partnership
                         
  Corporation

Total Fee Enclosed	No. of Employees/Partners/Officers	No. of Additional Locations
Full Name of Registrant (Individual/Partnership/Corporation)	EIN/SSN	Date of Birth (MM/DD/YYYY):
Fictitious Business Name	Phone Number	
Principal Business Address _____		
City	State	Zip
Mailing Address: _____		
City	State	Zip

**COMPUTATION OF RENEWAL REGISTRATION FEE (Including late penalty fee)**

1) Registration Fee	\$	100.00
2) Location Fee	\$	100.00
3) Additional Location Fee ( <i>number of additional locations x \$100.00</i> )	\$	
4) Employee/Partner/Officer Fee ( <i>enter one of the following amounts</i> )	\$	
a) 1 to 49 employees:	\$ 200.00	
b) 50 to 99 employees:	\$ 1000.00	
c) 100 to 499 employees:	\$ 2000.00	
d) 500 or more employees:	\$ 3000.00	
5) Annual Renewal Registration Fees ( <i>add lines 1 thru 4</i> )	\$	
6) Late Penalty Fee ( <i>line 5 x 50%</i> )	\$	
7) TOTAL ANNUAL RENEWAL REGISTRATION FEE ( <i>add lines 5 and 6</i> )	\$	

I certify under penalty of perjury to the truth and accuracy of all statements and representations made in this application, including all statements attached hereto. Falsifying information on this application may result in denial of your registration.

Signature and Title (*must be signed by owner, partner, or officer*) \_\_\_\_\_

Date \_\_\_\_\_

**LIST OWNERS, PARTNERS, OR OFFICERS**

Name	Title or Position	
Residence Address	SSN	Date of Birth
Name	Title or Position	
Residence Address	SSN	Date of Birth
Name	Title or Position	
Residence Address	SSN	Date of Birth
Name	Title or Position	
Residence Address	SSN	Date of Birth
Name	Title or Position	
Residence Address	SSN	Date of Birth

**ADDITIONAL LOCATIONS**

Responsible Managing Employee	Area Code & Phone Number	
Business Address	City	State Zip
Responsible Managing Employee	Area Code & Phone Number	
Business Address	City	State Zip
Responsible Managing Employee	Area Code & Phone Number	
Business Address	City	State Zip
Responsible Managing Employee	Area Code & Phone Number	
Business Address	City	State Zip
Responsible Managing Employee	Area Code & Phone Number	
Business Address	City	State Zip

Have you or any partner or officer ever been convicted of or are you now under indictment for forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to defraud, a crime of moral turpitude, or other criminal offense or offenses?  Yes  No

If so explain:

NOTE: Any change in the information shown on this application must be reported immediately, in writing to the Tax Preparer Board



Dipårtamenton Kontribusion yan Adu'ána

DEPARTMENT OF

# REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

Eddie Baza Calvo, Governor Maga'låhi  
Ray Tenorio, Lt. Governor Tifente Gubetnadot

John P. Camacho, Director  
Direktot  
Marie Benito, Deputy Director  
Segundo Direktot

## TAX PREPARERS TAX CLEARANCE FORM

Name: \_\_\_\_\_

DBA Name (if any) \_\_\_\_\_

SSN: \_\_\_\_\_ EIN: \_\_\_\_\_

Type of License Applied  New  Renewal

Office Address: \_\_\_\_\_

City State Zip

Business Mailing Address \_\_\_\_\_

City State Zip

Telephone No: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

The above-stated applicant is hereby issued tax clearance for issuance of new/renewal business license:

Branch	Stamp and Signature
Business Privilege Tax	
Income Tax Processing	
Collections	