

EMPLOYER'S QUARTERLY GUAM TAX RETURN

Name (as distinguished from trade name)

Date quarter ended

Trade name, if any

Employer identification number

Address (number and street)

City, state, and ZIP code

If address is different from prior return, check here.

If there has been a change of ownership or other transfer of the business during the quarter, attach a statement showing the name of the present owner, whether the present owner is an individual, a partnership, or a corporation, the nature of the change of transfer, and the date, thereof. **DO NOT EXPECT TO PAY TAXABLE WAGES IN THE FUTURE?**
 YES NO If "NO" write "FINAL RETURN". Check appropriate block and furnish the other information requested below.

A. Daily Tax Liability - First Month of Quarter

1	6	11	16	21	26
2	7	12	17	22	27
3	8	13	18	23	28
4	9	14	19	24	29
5	10	15	20	25	30

A. Total Liability for first month of quarter.

31
A

B. Daily Tax Liability - Second Month of Quarter

1	6	11	16	21	26
2	7	12	17	22	27
3	8	13	18	23	28
4	9	14	19	24	29
5	10	15	20	25	30

B. Total Liability for second month of quarter.

31
B

C. Daily Tax Liability - Third Month of Quarter

1	6	11	16	21	26
2	7	12	17	22	27
3	8	13	18	23	28
4	9	14	19	24	29
5	10	15	20	25	30

C. Total Liability for third month of quarter.

31
C

D. Total for quarter (add A, B, and C). This should equal line 4 of FORM W-1

D

- 1 Total taxes withheld.
- 2 Credit or adjustment. (Attach explanation. See instructions)
- 3 Total taxes
- 4 Total of enclosed depository receipts
- 5 Balance due. (item 3 minus item 4). Pay to "TREASURER OF GUAM"

1
2
3
4
5

Under penalties of PERJURY, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct and complete.

(Signed) _____ (Title) _____ (Date) _____

FOR DEPARTMENT USE ONLY

TAX	
FAILURE TO FILE	
FAILURE TO DEPOSIT	
FAILURE TO PAY	
INTEREST	
TOTAL	