Dipåttamenton Kontribusion yan Adu'ånå
DEPARTMENT OF
REVENUE AND TAXATION
GOVERNMENT OF GUAM   **Gubetnamenton Guåhan**

LOURDES A. LEON GUERRERO, Governor Maga'håga
JOSHUA F. TENORIO, Lt. Governor Sigundo Maga'låhi

MARIE P. LIZAMA, Director
Direktot
CRAIG A. CAMACHO, Acting Deputy Director
Aktot Segundo Direktot

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 files 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.

    ☐ Access all Vehicle Insurance Policies for the Insurance Company.
    ☐ 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 web site. 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

For Department of Revenue and Taxation Staff Use Only

Employee Name:	☐ Approved	☐ Disapproved
Date Received:		
Date Completed:		
Assigned ID Number is:	Assigned Access Code is:	

Post Office Box 23607, Guam Main Facility, Guam 96921 · Tel. / Telifon: (671) 635-1815 · Fax / Faks: (671) 633-2643