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

TAX PREPARERS ACT
APPLICATION FOR EXAMINATION

1. FULL NAME: _____
LAST FIRST MIDDLE

2. MAILING ADDRESS: _____

_____

3. SOCIAL SECURITY NO.: _____ PHONE NO.:_____

4. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____

5. HAVE YOU PREVIOUSLY APPLIED TO THIS BOARD FOR EXAMINATION?

YES _____ NO _____

IF YES, WHEN? _____
(MM/YY)

PURSUANT TO THE TAX PREPARERS ACT, A NON-REFUNDABLE ONE HUNDRED DOLLARS ($100.00 EXAMINATION FEE IS ESTABLISHED. EACH APPLICATION FOR EXAMINATION FORM SUBMITTED SHALL BE ACCOMPANIED BY THE REQUIRED FEE.

UNDER PENALTIES OF PURJURY, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, I DECLARE THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE.

_____ _____
SIGNATURE **DATE**

DO NOT WRITE BELOW THIS LINE

EXAMINATION RESULTS

DATE OF EXAMINATION: _____ RESULTS: _____%

TYPE OF EXAMINATION TAKEN (CIRCLE ONE):
(1.) FIRST EXAM
(2.) SECOND EXAM
(3.) THIRD EXAM
(4.) SIX MONTH INTERVAL EXAM

COMMENTS:
_____
_____
_____
_____