



Dipåttamenton Kontribusion yan Adu'ånå

DEPARTMENT OF

# REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

EDWARD J.B. CALVO, Governor Maga'låhi  
RAY TENORIO, Lt. Governor Tiñente Gubetnadot

JOHN P. CAMACHO, Acting Director  
Aktot Direktot  
MARIE M. BENITO, Acting Deputy Director  
Aktot Segundo Direktot

**GuamTax.com**

## SWICA and W-2/W-3 E-Filing Registration Form for Payroll Processors

Date of Application: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Fax Number: (     ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Do you already have a GuamTax user account? If so, account name: \_\_\_\_\_

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Name and Title

### For 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 is:	Assigned Access Code is:	