

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

Please Read Enclosed Instructions

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

Attach a money order, cashiers or personal check payable to Treasurer of Guam. DO NOT send cash. Registration fee, principle location fee, additional location fee, and a \$1,000.00 bond must accompany application.

Type of Application: New Renewal
 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 Code
Mailing Address:	_____		
	City	State	Zip Code

COMPUTATION OF RENEWAL REGISTRATION FEE (Including late penalty fee)

1)	Registration Fee	\$ <u>100.00</u>
2)	Location Fee	\$ <u>100.00</u>
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: \$1,000.00	
	c) 100 to 499 employees: \$2,000.00	
	d) 500 or more employees: \$3,000.00	
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

CONTINUED ON REVERSE SIDE

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	
ADDITIONAL LOCATIONS:			
Responsible Managing Employee:			Phone No.
Business Address	City	State	Zip Code
Responsible Managing Employee:			Phone No.
Business Address	City	State	Zip Code
Responsible Managing Employee:			Phone No.
Business Address	City	State	Zip Code
Responsible Managing Employee:			Phone No.
Business Address	City	State	Zip Code
Responsible Managing Employee:			Phone No.
Business Address	City	State	Zip Code

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 at: P.O. Box 23607, GMF, GU. 96921.