



Dipáttamenton Kontribusion yan Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

LOURDES A. LEON GUERRERO, Governor Maga'hága
JOSHUA F. TENORIO, Lt. Governor Sigundo Maga'láhi

DAFNE M. SHIMIZU, Director
Direktot
MARIE LIZAMA, Deputy Director
Segundo Direktot

<h1>TAXI CANCELLATION</h1>	INCOME TAX BRANCH
APPLICANT:	
DATE:	GROSS RECEIPTS TAX
REQUEST THE CANCELLATION OF MY TAXICAB:	
TAXI NO:	GRT NO:
MAKE:	YEAR:
MODEL:	ENGINE NO:
VIN:	
	COLLECTIONS BRANCH
TYPE:	
<input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE PROPRIETOR	
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER: _____	BUSINESS LICENSE BRANCH
CERTIFICATION	
I certify that the information provided herein are true and correct to the best of my knowledge. I understand that I am required to remove the taxi meter and decalcomania from the door exterior of my taxicab	
SIGNED: _____	WEIGHTS & MEASURES
COMMENTS:	