BUSINESS PRIVILEGE TAX BRANCH

Annual Information Return for Tax Exempt Persons

For Year Ending									
IMPORTANT NOTICE: An annual information	n return must be filed with the Ta the close of the person's tax yo		later than ninety (90) days follow	vir					
Non-Profit Organization: EIN/SSN: Name of Person:		Mailing Address: Email Address: Phone number:							
					Required under §26110(c), Chapter 26, Article				
					Source of Income	Basis of Exem	ption Authorized	Gross Receipts for the Y	ea
				_					
Total									
If any person was paid by the business or orgaplease fill in the schedule provided hereunder.			any kind of business transaction	n,					
Name of Person	Nature	of Payment	Amount	_					
Total									
DECLARATION: I declare, under penalty of been examined by me, and to the best of my k			ny schedules or statements has	;					
Signature	Title		 Date 	=					
Received by:	I	Date:							
Approved by:	I	Date:							

Post Office Box 23607, Guam Main Facility, Guam 96921 • Tel. / Telifon: (671) 635-1817 • Fax / Faks: (671) 633-2643