BUSINESS PRIVILEGE TAX BRANCH

Annual Information Return for Tax Exempt Persons

For Year Ending			
IMPORTANT NOTICE: An annual information	return must be filed with the Tax Commissioner no the close of the person's tax year.	p later than ninety (90) days following	
Tax-Exempt Organization:	Mailing Address:	Mailing Address: Email Address:	
EIN/SSN:	Email Address:		
Name of Person:	Phone number:	Phone number:	
Required under §26110(c), Chapter 26, Article Source of Income	e 1, Title 11 & §14102, Chapter 14, Title 18 of Basis of Exemption Authorize		
	nization during the period of concession or for	any kind of business transaction,	
Please fill in the schedule provided hereunder. Name of Person	Nature of Payment	Amount	
Total DECLARATION: I declare, under penalty of been examined by me, and to the best of my ki	perjury, that this return including any accompanowledge is true, correct and complete return.	any schedules or statements has	
Signature	Title	 Date =========	
Received by:	Date:		
Approved by:	Date:		

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