



Dipáttamenton Kontribusion yan Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

EDDIE BAZA CALVO, Governor Maga'láhi
RAY TENORIO, Lt. Governor Tifente Gubetnadot

JOHN P. CAMACHO, Director
Direktot

MARIE M. BENITO, Deputy Director
Segundo Direktot

MIP OFFSET REQUEST

NAME:	EMPLOYER IDENTIFICATION NUMBER or SOCIAL SECURITY NUMBER:
ADDRESS	GRT ACCOUNT #
	VENDOR#

Please indicate the tax period and the amount of your qualified MIP costs to be used to offset your Gross Receipts Tax due. The amounts indicated below will be verified with the Accounts Payable Division of the Department of Administration.

TAX PERIOD (MONTH & YEAR)	AMOUNT TO BE USED FOR OFFSET

Signature of Taxpayer or Authorized Representative

Date

PRINT NAME: _____

Contact Number: _____