



Dipåtamenton Kontribusion yan Adu'ána

DEPARTMENT OF

# REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

FELIX P. CAMACHO, Governor Maga'låhi  
MICHAEL W. CRUZ, Lt. Governor Tiñente Gubetnadot

ARTEMIO B. ILAGAN, Director  
Direktot  
JOHN P. CAMACHO, Deputy Director  
Segundo Direktot

## GuamTax.com

### Registration Form for Specialized Service Providers

Date of Application	EIN/SSN	Company Name		
Contact Person		E-mail Address	Phone Number	Fax Number
Mailing Address				
Zip Code:				
Do you already have a GuamTax user account? If so, account name:				

**My company provides the following specialized service:**

- Payroll Processing**  
*(Check this if your company files SWICA for other businesses.)*
- Vehicle Safety Inspection**
- Vehicle Insurance**  
Type of Vehicle Insurance Applicant:  
 **Insurance Company**  
 **Agent/Subagent**  
*(If checked, please complete Certification for Agent/Subagent to the right.)*

#### Certification for Agent/Subagent Only

We, the Undersigned Insurance Company, do hereby authorize the Department of Revenue and Taxation to make available the following option to the above Agent/Subagent.

- Access all Vehicle Insurance Policies for the Insurance Company.  
 Access only the Vehicle Insurance Policies written by the above mentioned Agent/Subagent.

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

Please note that, upon approval, a copy of this registration form along with your ID and Access Code will be mailed to the mailing address specified above.

I, representative of the above mentioned company, hereby authorize the Department of Revenue & Taxation to register for a GuamTax Online Account on the GuamTax.com web site. Under penalties of perjury, I declare that I have examined this registration form and statement and to the best of my knowledge and belief, they are true, correct, and complete.

**Sign  
here**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

#### For Department of Revenue and Taxation Staff Use Only

Employee Name:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Date Received:		
Date Completed:		
Assigned ID Number is:	Assigned Access Code is:	