



Dipåtamenton Kontribusion yan Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

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

ARTEMIO B. ILAGAN, Director
Direktot
Paul P. Pablo, Acting Deputy Director
Segundo Direktot Akto

TAX PREPARERS ACT APPLICATION FOR EXAMINATION

1. Full Name: _____
Last First Middle
2. Mailing Address: _____

3. Social Security No.: _____ Phone No: _____
4. Have YOU ever been convicted of a Felony? Yes _____ No _____
5. Have YOU previously applied to this Board for Examination?
Yes _____ No _____ If Yes, When? _____

Pursuant to the Title 11, Guam Code Annotated, Chapter 40, §40105(e) the Tax Preparers Act, **a non-refundable One Hundred Dollars (\$100.00) examination fee** is established. Each application for Examination submitted shall be accompanied by the required fee.

Under penalty of perjury, and to the best of my knowledge and belief, I declare that the above information is true, correct and complete.

SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

EXAMINATION RESULTS:

DATE OF EXAMINATION: _____ RESULTS: _____ %

Type of Examination Taken (Circle one):

Comments:

1. First Exam: _____

2. Second Exam _____

3. Third Exam _____

4. Six Month Interval Exam: _____