



Dipåtamenton Kontribusion yan Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

TAX PREPARERS TAX CLEARANCE FORM

Name: _____

DBA Name (if any): _____

SSN: _____ EIN: _____

GRT ACCT No. : _____

Type of License Applied: () New () Renewal

Office Address: _____

Business Mailing Address: _____

Telephone No.: _____

Applicant's Printed Name: _____ Authorized Signature: _____

DO NOT WRITE BELOW THIS LINE

The above-stated applicant is hereby issued tax clearance for issuance of new/renewal business license:

FOR BRANCH STAMP/SIGNATURE

<u>Business Privilege Tax</u>	<u>Income Tax Processing</u>	<u>Collections</u>
<u>Business License for Annual Report</u>	<u>Dept. of Land Management</u>	<u>Dept. of Public Works</u>
<u>Guam Fire Department</u>		

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