



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:

Branch	Stamp and Signature
Business Privilege Tax	
Income Tax Processing	
Collections	
Business License for Annual Report	