

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

GuamTax.com

E-Filing Registration Form for Government of Guam Agencies

| Date of Application: | | |
|--|-------------------------------|------------------------|
| Agency Name: | | |
| EIN: | | |
| Contact Person: | | |
| Mailing Address: | | |
| Phone Number: () | | |
| Fax Number: () | | |
| E-mail Address: | | |
| Please note that, upon approval, a copy of this registration mailed to the mailing address specified above. I, representative of the above mentioned government agoraxation to register for a GuamTax Online Account on the | ency, hereby authorize the De | epartment of Revenue & |
| declare that I have examined this registration form and start true, correct, and complete. | | |
| Signature | Date: | |
| Name and Title | | |
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| For Department of Revenue | and Taxation Statt Use On | ly |
| Employee Name: Date Received: | ☐ Approved ☐ Disapproved | ☐ Disapproved |
| | | |
| Date Completed: Assigned ID Number is: | Assigned Access Code is: | |