



Dipåttamenton Kontribusion yan Adu'ånå

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

LOURDES A. LEON GUERRERO, Governor Maga'håga
JOSHUA F. TENORIO, Lt. Governor Sigundo Maga'låhi

MARIE P. LIZAMA, Director
Direktot
CRAIG A. CAMACHO, Acting Deputy
Director Aktot Segundo Direktot

GuamTax.com

SWICA and W-2/W-3 E-Filing Registration Form for Payroll Processors

Date of Application: _____

Company Name: _____

EIN/SSN: _____

Contact Person: _____

Mailing Address: _____

Phone Number: () _____

Fax Number: () _____

E-mail Address: _____

Do you already have a GuamTax user account? If so, account name: _____

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.

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:	