

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

MARIE P. LIZAMA, Director Direktot CRAIG A. CAMACHO, Acting Deputy Director Aktot 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 regist mailed to the mailing address specified above.	tration form along with your ID ar	nd Access Code will be
I, representative of the above mentioned governmen Taxation to register for a GuamTax Online Account of declare that I have examined this registration form all are true, correct, and complete.	on the GuamTax.com web site. l	Inder penalties of perjury, I
 Signature	Date:	
Signature	Date.	
Name and Title		
For Department of Reve	enue and Taxation Staff Use Or	ilv
Employee Name:		
Date Received:	☐ Approved	☐ Disapproved
Date Completed:		
Assigned ID Number is:	Assigned Access Code is:	