FSM FORM 1122
Rev. 6/05)

CALENDAR YEAR _____

FEDERATED STATES OF MICRONESIA

EMPLOYER'S INCOME TAX QUARTERLY WITHHOLDING RETURN

PLEASE TYPE OR PRINT

A. Employer's Business Name

B. Name of Employer

C. Address

Telephone No. Fax No.

1. ☐ New Address 2. ☐ Outer Islands 3. ☐ Home Office

D. F.S.M. Employer I.D. No.

E. Quarter Ended

SEE OTHER SIDE OF THIS FORM FOR INSTRUCTION

4. State where employees are located: (Check one box only)

Pohnpei ☐ Kosrae ☐ Chuuk ☐ Yap ☐

F. No. of employees covered by this return:

FSM Citizens Non-FSM Citizen

G. Do you have employment in other States of the Federated States ☐ YES ☐ NO

H. Employer's Payroll Period (Check one)

☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly ☐ Other _____ specify

I. Withholding Tax Table used ☐ YES ☐ NO

☐ TABLE I ☐ TABLE II ☐ TABLE III ☐ TABLE IV

J. TAX AND OTHER CHARGES:		A FSM Citizens		B Non-FSM Citizens		C TOTAL	
1.	WAGES AND SALARIES PAID THIS QUARTER						
2.	LESS WAGES AND SALARIES EXEMPTED BY LAW (see instructions)						
3.	TAXABLE WAGES AND SALARIES (Line 1 minus line 2)						
4.	TAXES WITHHELD						
5.	PENALTY CHARGE (see instructions)						
6.	PENALTY CHARGE (see instructions)						
7.	INTEREST CHARGE (see instructions)						
8.	TOTAL (Add lines 4C, 5 and 6)						

K. DECLARATION

PAY THIS AMOUNT ⇦

I declare that this return is, to the best of my knowledge and belief, true and correct.

Name and Signature _____ Title _____ Date _____

FOR OFFICIAL USE ONLY

DATE FILED	DATE PAID	AMOUNT PAID	Acct. Credited	Receipt No.	Verified By:	Posted By:

Received at: ☐ Headquarters ☐ Yap ☐ Chuuk ☐ Pohnpei ☐ Kosrae

DISTRIBUTION: ORIGINAL - FSM CTA Central ---- YELLOW - CTA Field Office ---- PINK - Taxpayer