



GOVERNMENT OF THE
FEDERATED STATES OF MICRONESIA
DIVISION OF CUSTOMS & TAX ADMINISTRATION
DEPARTMENT OF FINANCE & ADMINISTRATION

Office of the Assistant Secretary
of
Customs & Tax Administration

P.O. Box PS 54
Palikir, Pohnpei FM 96941
Phone: (691)320-5855/2826 Fax: (320-5715)

APPLICATION FOR REFUND OF INCOME TAXES

Name _____ ID#/S.S. /No. _____

Address _____

1. Type of Tax- Business Gross Revenue Wages & Salary

2. Period Covered: From _____ To: _____

3. State Briefly Reason for Refund Request: _____

4. TAXABLE INCOME FOR PERIOD CLAIMED _____

5. TAX AMOUNT SHOWN ON LINE 4 at Appropriate Rate: _____

6. TAX PAID _____

7. AMOUNT OF REFUND CLAIMED _____

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

Signature

Title

Date

INSTRUCTIONS:

- Line 1- Mark the proper block to indicate the type of tax for which you are claiming for a refund.
- Line 2- State the period for which you are claiming a refund.
- Line 3- State briefly the reasons why you feel that you are entitled to this refund.
- Line 4- Enter the total amount of gross income during the period for which you are requesting a refund.
- Line 5- Business Gross Revenue at the rate of 8% on the first \$10,000 and 3% over \$10,000; wages and Salary - multiply line 4 by six percent (6%) on the first \$11,000 and 10% over \$11,000.
- Line 6- Enter the total amount of tax paid during the same period.
- Line 7- This is the amount of tax claim for refund.

You must provide copies of B.G.R. and cash receipts to indicate that your Gross Income didn't reach \$2000.00 yearly, also provide copies of 1122 and 1123 for the quarters and years you have been paid taxes to which you feel you would be entitled.

The original and one copy of this application should be submitted to the Secretary of Finance and Administration, P.O. Box PS 54, Pohnpei FM 96941.

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