



FEDERATED STATES OF MICRONESIA
EMPLOYER'S INCOME TAX WITHHOLDING SCHEDULE

PLEASE TYPE OR PRINT

A. Employer's Business Name	D. F.S.M. Employer I.D. No.
B. Name of Employer	E. Quarter Ended
C. Address	
Telephone No. Fax No.	SEE OTHER SIDE OF THE FORM FOR INSTRUCTIONS
1. <input type="checkbox"/> New Address 2. <input type="checkbox"/> Outer Islands 3. <input type="checkbox"/> Home Office	

F. No. of employees covered by the return that this schedule supports
FSM Citizens _____ Non-Citizens _____

	(G) SOC-SEC NUMBER	(H) LC CD	(I) CIT CDE	(J) EMPLOYEE NAME	(M) THIS QUARTER		(N) (YEAR TO DATE)	
					(K) WAGES	(L) TAX	(M) WAGES	(N) TAX
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
TOTAL								

O. DECLARATION

I declare that the information provided above is, to the best of my knowledge and belief, true and correct.

Name and Signature Title Date