

at Par

CIT Payment

Federated States of Micronesia Corporate Income Tax Payment

For tax year beginning (mm/dd/yyyy) ___/___/___, ending (mm/dd/yyyy) ___/___/___

Name	Incorporation Number
Address	Functional Currency

This payment is for (check one): 1st installment 2nd installment Final installment

1	Previous year's total tax payment *	
2	Tax liability (line 1 X 50%)	
3	Tax payment amount	
4	Previous year's total tax payment **	
5	Tax liability (line 4 X 50%)	
6	Tax payment amount	
7		
8	Total tax liability on return	
9	Tax paid with 1st installment	
10	Tax paid with 2nd installment	
11	Tax payment amount (line8 - line9 - line10)	
12	Amount paid with this form	

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief, it is true, correct and complete.

Officer Title	Name of officer	Signature of officer	Date (mm/dd/yyyy)
Information of paid preparer (if any):			
Name	Email address	Telephone	Fax

* First year corporations are to provide a good faith estimate of current year earnings
 ** First year corporations are to provide a good faith estimate of current year earnings

INSTRUCTION OF TAX PAYMENT