

FORM 1178



MINISTRY OF FINANCE
DIVISION OF REVENUE & TAXATION
 REPUBLIC OF THE MARSHALL ISLANDS
 POST OFFICE BOX 29 • MAJURO, MARSHALL ISLANDS MH 96960
 CABLE REPMAR

TAXPAYER PLEASE FILL IN
 APPROPRIATE YEAR

20 _____

FOUR-WEEK PERIODICALLY WITHHOLDING RETURN

(see other side of this form for instructions)

PLEASE TYPE OR PRINT	A. NAME OF EMPLOYER	C. M.I. EMPLOYER IDENTIFICATION NUMBER
	B. ADDRESS	D. ENDING PERIOD (see back)
	1. <input type="checkbox"/> New Address 2. <input type="checkbox"/> Outer Island 3. <input type="checkbox"/> Home Office	

E. NO. OF EMPLOYEES COVERED BY THIS RETURN

Marshallese/Micronesians Citizens _____ U.S. Citizens _____ Other Citizens _____
 CITIZEN CODE: • 1 – Marshallese/Micronesians (FSM) • 2 – U.S. • 3 – Other

F. EMPLOYER'S PAYROLL PERIOD: (CHECK ONE)

Weekly Bi-Weekly Semi-Monthly Monthly Other _____
 Specify _____

G. WITHHOLDING TAX TABLE USED:

Part I, Table No. _____ Part II Part III A Part III B

H. TAX AND OTHER CHARGES:

	A		B		C	
	MARSHALLESE/MICRON.		U.S. AND OTHER		TOTAL	
1. WAGES AND SALARIES PAID THIS PERIOD						
2. LESS WAGES & SALARIES EXEMPTED BY LAW						
3. TAXABLE WAGES & SALARIES [Line 1 minus line 2]						
4. TAXES WITHHELD						
5. PENALTY CHARGE [If return is filed after the deadline, complete this line. See instructions on other side of return for computation].						
6. INTEREST CHARGE [If payment is made after deadline, complete this line. See instructions on other side of return for computation].						
7. TOTAL DUE THIS PERIOD [Add lines 4, 5, and 6, enter total here] PAY THIS AMOUNT						

I. ATTACH COMPLETED FOR 1178A [Attach it with this Form]

J. DECLARATION:

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

 SIGNATURE TITLE DATE

FOR OFFICIAL USE ONLY						
DATE FILED	DATE PAID	AMOUNT PAID	ACCT. CREDITED	RECEIPT NO.	VERIFIED BY:	POSTED BY: