



MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION

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FORM:
MI-SS-3

EMPLOYER'S QUARTERLY TAX RETURN

see back of this page for instructions

NAME OF EMPLOYER _____

I.D. No.

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ADDRESS _____

Last Payroll Ending: _____

Quarter Ending: _____

1	EMPLOYEE'S NAME (Please type or print)			2 Marshall Islands Social Security Number	3 GROSS WAGES	4 TOTAL WAGES SUBJECT TO TAX (Not over \$5,000.00)	5 COMBINED*	
	LAST NAME	FIRST NAME	MI				A SS Tax Col. 4 x 14%	B Hlth Fund Col. 4 x 7%
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

CHECK APPROPRIATE BOXES

Month Day Year

- Gone out of business
When? _____
- No payroll this quarter
Last paid period paid _____
- Self-employed
Since when? _____

DEADLINES

September 30 — due by October 10
 December 31 — due by January 10
 March 31 — due by April 10
 June 30 — due by July 10

6	TOTAL			
7	ADJUSTMENTS (Previous Quarter Overpayment/Underpayment).....			
8	PENALTY CHARGE (If return is filed and paid after the deadline) ...			
9	INTEREST (If payment is made after deadline)			
10	TOTAL BY TYPE OF TAX			
11	TOTAL DUE (5A + 5B)			
12	Total Number of employees listed			

13 DECLARATION

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

Print Name _____

Signature _____

Title _____

Date _____

FOR OFFICIAL USE ONLY

DATE FILED (Postmarked*)	DATE PAID	AMOUNT PAID	RECEIPT NO.	VERIFIED BY	POSTED BY

*If received after the due date, show postmark