



Dipattamenton Kontribusion yan Adu'ana

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guahan

EDDIE BAZA CALVO, Governor
RAY S. TENORIO, Lt. Governor

JOHN P. CAMACHO, Director
MARIE M. BENITO, Deputy Director
Segundo Direktor

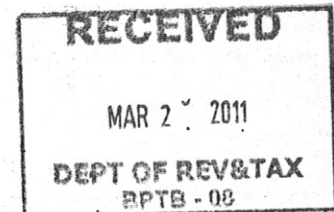
EXEMPTION APPLICATION
BUSINESS PRIVILEGE TAX BRANCH

CN 2-2-110
Approved 10/31/61
(Revised) 8/6/93

For the use of organizations and persons applying for exemption under Section 26203, Chapter 26 Title 11, Guam Code Annotated.

(Check below the subsection under which exemption is claimed):

- 26203 (a) / / Governmental
26203 (b) / / Fraternal
26203 (c) / / Religious, Charitable, Scientific or Educational
26203 (d) /✓/ Civic and Community Benefit
26203 (e) / / Hospital, Infirmarys and Sanitariums
26203 (f) / / Totally Blind Person
26203 (g) / / Agricultural Producers and Fisheries
26203 (h) / / Tax paid Alcoholic Beverages and Tobacco



Name of Taxpayer: GUMA TRANKILUAT RESIDENTS ASSOCIATION

Date of Application:

Address: (Complete) 145 TRANKILUAT ST.
TUMON, GUAM 96913

Employer Identification Number: 66-0762090

Is the Taxpayer Incorporated: / YES /✓/ NO

State in Which Incorporated: N/A

If not Incorporated, manner of Organization: ASSOCIATION

Date Incorporated:

Date Organized: 3/7/2011

Date Registered with License and Registration Branch:

IMPORTANT REMINDER: A copy of the organization's Articles of Incorporation or Association and By-laws must accompany this application.

SIGNATURE AND VERIFICATION

I, the undersigned, acting as an individual or as President, Vice-President, Treasurer, Assistant Treasurer, Chief Accounting Officer, (or other duly authorized officer) of the organization for which this application is made, declare under the penalties of perjury that this application, (including any accompanying statements of fact) has been examined by me and is, to the best of my knowledge and belief, a true and correct application, made in good faith pursuant to §26203 Title 11 of the Guam Code Annotated and the regulations thereunder establish by the Commissioner of Revenue & Taxation.

x *Wifredo Hockett*
Signature

President
Title

x 03/22/2011
Date

CERTIFICATION OF TAX EXEMPTION

This is to certify that _____ having fully complied with the necessary requirements set forth under §26203 of Title 11 GCA, if hereby declared tax exempt, which exemption will continue indefinitely unless revoked on the basis of further information obtained by audit or otherwise.

Commissioner of Revenue & Taxation

Date



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Name of Taxpayer: _____

Date of Application: _____

Address: (Complete) _____

Employer Identification Number: _____

Is the Taxpayer Incorporated: / / YES / / NO

State in Which Incorporated: _____

Date Incorporated: _____

If not Incorporated, manner of Organization: _____

Date Organized: _____

Date Registered with License and Registration Branch: _____

A99- 109985

FORM OFFICIAL RECEIPT

GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
FINANCIAL MANAGEMENT DIVISION
P.O. BOX 884 HAGATNA GUAM 96932

DATE:

3-22-11

PAYOR:

Guma Trankiludat

ADDRESS:

Tumon Gu.

MAILED 27 APR 2011
TREASURER OF GUAM
#14

NOT VALID UNLESS OVERPRINTED BY OUR REGISTER/STAMP

PAYMENT INFORMATION

DESCRIPTION

RESERVED FOR ISSUING OFFICE:

ACCOUNT NUMBER

AMOUNT

Non-profit Appl.

130056902

400

ISSUING OFFICE:

BPTB

AGENT:

Satish Bhat

PLEASE PAY TREASURER OF GUAM

TOTAL DUE

400

☐ CASH

☒ CHECK: #

9004

OTHER:

FCN-2-2-35