

Dipättamenton Kontribusión yan Adu'áná

EDDIE BAZA CALVO, Governor M.  
RAY S. TENORIO, Lt. Governor Tifente Gubetnador



DEPARTMENT OF

# REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guáhan

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

## EXEMPTION APPLICATION BUSINESS PRIVILEGE TAX BRANCH

CN 2-2-110

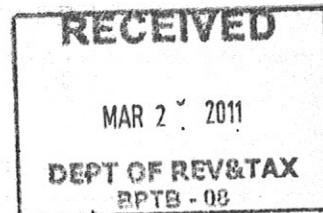
Approved 10/31/61

(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, Infirmaries 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 TRANKILIOAT RESIDENTS ASSOCIATION

Date of Application: \_\_\_\_\_

Address: (Complete) 145 TRANKILIOAT 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 Registered with License and Registration Branch: \_\_\_\_\_

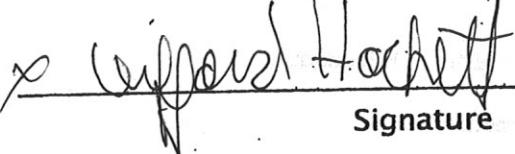
Date Incorporated: \_\_\_\_\_

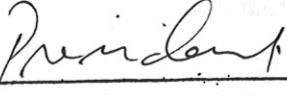
Date Organized: 3/1/2011

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

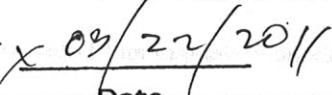
**SIGNATURE AND VERIFICATION**

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.

  
Signature

  
President

Title

  
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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26203 (f)	/ /	Totally Blind Person
26203 (g)	/ /	Agricultural Producers and Fisheries
26203 (h)	/ /	Tax paid Alcoholic Beverages and Tobacco

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: \_\_\_\_\_

109985-99A

**FORM OFFICIAL RECEIPT**

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

DATE:

PAYOR

## ADDRESS

3-22-11

## Guna Trankiluator

Turner G. S.

NOT VALID UNLESS OVERPRINTED BY OUR REGISTER/STAMP

## PAYMENT INFORMATION

CASH

□ CHECK: 000 ✓

FCN-2-2-35