



**FEDERATED STATES OF MICRONESIA
SOCIAL SECURITY ADMINISTRATION
P.O. Box L, Kolonia, Pohnpei FM 96941
EMPLOYER'S QUARTERLY TAX RETURN**

FSMSS-401 Rev. 08/30/2022

EMPLOYER'S NAME: ADDRESS:	I.D. No. SS No.
Payroll Date Covered FROM TO	
FORM OF BUSINESS: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Domestic	
Quarter Ending Date	
<small>* If Sole Proprietorship, print name of owner on line 1 below and report gross wages at twice the wages of the highest-paid employee for this quarter. If no employee, ask SS staff for filing instructions.</small>	

	1 EMPLOYEES NAME <small>(Please type print)</small>			2 FSM SS NUMBER	3 GROSS WAGES	4 TOTAL WAGES SUBJECT TO TAX <small>(not over \$9,000.)</small>	5 COMBINE TAX 15% <small>(Apply to column 4)</small>
	LAST NAME	FIRST NAME	MI				
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<p>NO EMPLOYEE THIS QUARTER Sole Proprietorship or self-employed with no employee must file this return and check the box below. You need to submit a copy of the FSM Gross Revenue Tax Return when filing the 4th Quarter Report.</p> <p><input type="checkbox"/> No payroll this quarter</p> <p align="center">DEADLINES</p> 1st Quarter ending March 31 - due by April 10 2nd Quarter ending June 30 - due by July 10 3rd Quarter ending Sept. 30 - due by Oct. 10 4th Quarter ending Dec. 31 - due by Jan. 10 Self-Employed/No Employee - due January 10	<p>6 TOTAL</p> <p>7 ADJUSTMENT (YR/QTR or Adv. No. _____)</p> <p>8 PENALTY CHARGE (10%--If Return is filed and paid after deadline)</p> <p>9 INTEREST <small>(12% Per Annum from deadline) ___# of days, Computed from Date: _____</small></p> <p>10 TOTAL DUE</p> <p>11 Total Number of Employees listed _____</p> <p>12 DECLARATION: Under penalties of perjury, I declare that this return is, to the best of my knowledge and belief, true and correct.</p>
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Print Name	Signature	Title	Date
DATE FILED (POSTMARKED*)	DATE PAID	AMOUNT PAID	RECEIPT NO.
			VERIFIED BY
			POSTED BY