



FEDERATED STATES OF MICRONESIA
 SOCIAL SECURITY ADMINISTRATION
 P.O. Box L, Kolonia, Pohnpei FM 96941
VOLUNTARY CONTRIBUTION TAX RETURN

FSMSS-402b Rev.2/13

SELF EMPLOYED LESS THAN \$10K GRT (I.D. No. 05000-00)

I.D. No. (<input type="checkbox"/> SS Number/ <input type="checkbox"/> Employer ID No):			Payroll Date Covered		
EMPLOYER'S NAME:			FROM	TO	
ADDRESS:			Quarter Ending Date		
	1 EMPLOYEES NAME <small>(Please type print)</small>		2 FSM SS NUMBER	3 GROSS WAGES	4 COMBINE TAX 15%
	LAST NAME	FIRST NAME MI			
1	:	:		\$1,250	\$187.50
DEADLINES			5 TOTAL	\$1,250	\$187.50

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

WARNING: All Returns shall only be accepted with its full payment. Any Return that is filed sixty days after the year ends shall not be accepted.

Note: When necessary, we may require you to attach your Gross Revenue Tax Return when submitting this return. Submission due date coincides with the 4th Quarter due date listed above.

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

_____ Signature _____ Title _____ Date _____
 Print Name

FOR OFFICIAL USE					
(POSTMARKED*)	DATE PAID	AMOUNT PAID	RECEIPT NO.	VERIFIED BY	POSTED BY

*Branch Office: If received after the due date, show postmark