

APPENDIX 5.2

FIELD RECEIPT

GPLS XXXXXXXX

**TREASURER OF GUAM
DEPARTMENT OF ADMINISTRATION
FINANCIAL MANAGEMENT DIVISION
P.O. BOX 884
HAGÁTÑA, GUAM 96932**

- | | |
|--|---------------------------------|
| <input type="checkbox"/> USE TAX | <input type="checkbox"/> 1120 |
| <input type="checkbox"/> GRT | <input type="checkbox"/> 1040 |
| <input type="checkbox"/> EXCISE | <input type="checkbox"/> W-1 |
| <input type="checkbox"/> COLLECTION | <input type="checkbox"/> OTHERS |
| RETURNED CHECKS | |
| <input type="checkbox"/> COLLECTION ON TAX REC | |
| FOR REVENUE & TAX USE ONLY | |

(REQUIRED WHEN PAYMENT IS MADE BY CHECK)		COLLECTION DATE:	
PAYOR'S NAME: _____			
SSN# OR EIN#: _____			
PAYMENT FOR CUSTOMER/TAXPAYER NAME: _____		TAXPAYER'S EIN/SSN: _____	
PAYMENT DESCRIPTION	REVENUE ACCT. NO.	AMOUNT	
	3		
	3		
	3		
TAX RECEIVABLE	1		
PERIOD COVERED	METHOD OF PAYMENT (CASH, MONEY ORDER, OR CHECK)	TOTAL \$	
NAME OF TREASURY AGENT (PRINT)		AGENCY TELEPHONE NO.	
SIGNATURE AND TITLE OF TREASURY AGENT			