



Dipåtamenton Kontribusion yan Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

EXEMPTION APPLICATION

BUSINESS PRIVILEGE TAX BRANCH

FORM CN 2-2-110 Approved 10/31/61 Revised 08/15/2023

Form CN-2-2-110 is for persons and organizations applying for exemption under Section 26203, Chapter 26 Title 11 Guam Code Annotated. Check the appropriate box below for which the 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

**Must include the BONA-FIDE FARMER CERTIFICATION from
GUAM DEPARTMENT of AGRICULTURE**

Name of Taxpayer/Organization: _____

Date of Application: _____

Physical Address: _____

Mailing Address: _____

Telephone Number: _____

Employer Identification Number (EIN)/SSN: _____

GRT Number: _____

Is the Taxpayer/Organization Incorporated?: ☐ Yes ☐ No

State in which incorporated: _____

Date Incorporated: _____

If not incorporated, manner of organization: _____

Date Organized: _____

Date Registered with the General Licensing 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.

Signature

Title

Date



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CRITERIA FOR FARMERS/FISHERMAN

NAME: _____

1. TYPE OF ACTIVITY: _____

2. TOTAL INVESTMENT IN ACTIVITY: _____

(A) CASH _____

(B) LAND _____

(C) EQUIPMENT _____

(D) OTHER _____

3. YEARS IN EXPERIENCE IN ACTIVITY: _____

4. HOURS IN WEEK DEVOTED TOWARD ACTIVITY: _____

5. WEEKS IN YEAR DEVOTED TOWARD ACTIVITY: _____

6. DOES YOUR LIVELIHOOD DEPEND UPON ACTIVITY? (Y/N) _____

7. OTHER UNRELATED INCOME

LIST TYPE

AMOUNT

8. LOCATION OF ACTIVITY

9. DESCRIBE ACTIVITY

SIGNATURE

DATE