

SAC AND FOX TAX COMMISSION

JANICE STEVENS
Chairperson



JERRY A. MARTIN
Director

SALES TAX REPORT

Be sure to show your registration number, name and address exactly as they appear on your registration.

Federal ID Number or SS Number (Specify)

Name of Tax Payer exactly as it appears on Registration

Sales Tax Registration Number

Mailing Address

Kind of Business

City

County

State

Zip Code

Name of Calendar month or months covered by this report

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COMPUTATION OF TAX: DELINQUENT AFTER THE 14TH DAY OF EACH MONTH

- 1. Total Gross Sales \$ _____
- 2. Legal Deductions: (Explain)
 - a. Returned Sales Item (total given to consumer) \$ _____
 - b. Cigarette Sales. \$ _____
 - c. Sales for Resale to Persons Holding Sales Tax Registrations \$ _____
- 3. Total Deductions (total of item #2) \$ _____
- 4. Total Tobacco Sales (including chewing tobacco & snuff) \$ _____
- 5. Net Taxable Sales (item #1 less item #3 & #4) \$ _____
- 6. Amount of Tobacco Tax (5% of item #4). \$ _____
- 7. Amount of Sales Tax (8% of item #5) \$ _____
- 8. Excess Tax Collected. \$ _____
- 9. 20% Per Annum Interest (1.66% per month from delinquency date to date of payment). \$ _____
- 10. Total Tax Due (item #6 plus items #7, #8, & #9) \$ _____

I declare under the penalties of law pursuant of the General Revenue and Taxation Act of 1982, that this Sales Tax Report (including any accompanying schedule) has been examined by me, and to the best of my knowledge and belief, is a true and correct, and completed report.

Signature of Tax Payer

Printed Name and Title

Date

Prepared By: _____