

MONTHLY SALES TAX REPORT & PAYMENT

This form is to be completed each month by the account representative. Please submit to the Finance Office to the Attention of Dawn Katkic, by the 5th of the following month following the end of the Fundraiser.

Reporting Month _____ Year _____

- | | | |
|---|-----------|------|
| 1. Gross Sales Taxable Fundraiser Items | \$ | |
| 2. Gross Sales of Taxable Concession Items | \$ | |
| 3. Gross Sales of Taxable Resale Items | \$ | |
| 4. Gross Sales of Miscellaneous Taxable Items | \$ | |
| 5. Total Gross of Taxable Sales (add lines 3,4,5) | \$ | |
| | | |
| 6. Amount of Tax Collected & Included in Gross Sales | \$ | |
| | | |
| 7. Taxable balance (Line 5 less line 6) | \$ | |
| 8. Tax Rate (6%) | | 0.06 |
| 9. Gross Sales Tax Due (multiply line 7 by line 8) | \$ | |

If line 6 and line 9 match no additional tax is due. If line 9 is greater than line 6 the difference will be collected from the group.

Description of Items Sold: _____

Accounts to be charged:

(Account Name)	(Account Number)	\$ _____ (Amount)
(Account Name)	(Account Number)	\$ _____ (Amount)
(Account Name)	(Account Number)	\$ _____ (Amount)

Total (Equal to line 9): \$ _____

Imlay City Community Schools