

Sales Tax Refund Request Council Compilation Form

- | | | |
|--------------------------|--|---------------------------------|
| <input type="checkbox"/> | Taxes Paid January 1–June 30, 2017 | Due to Region August 15, 2017 |
| <input type="checkbox"/> | Taxes Paid July 1–December 31, 2017 | Due to Region February 15, 2018 |
| <input type="checkbox"/> | Taxes Paid January 1–December 31, 2017 | Due to Region February 15, 2018 |
| <input type="checkbox"/> | Taxes Paid January 1–June 30, 2018 | Due to Region August 15, 2018 |

Region _____

Council PTA Name _____

Council President Name _____

Phone _____

Treasurer Name _____

Phone _____

Utah Tax Exempt # 12510060-002-STC

Number of Local PTAs in Council _____

Number of Local PTAs Reporting _____

Local PTA Refund Total (from back) \$ _____

Council Refund Total (from Council Report) \$ _____

Combined Total: \$ _____

Utah PTA State Office will deduct a \$2.00 handling fee. If refund is under \$20.00, handling fee is waived.

I certify that the enclosed unit and council report forms have been checked for completeness and for mathematical accuracy.

Signature

Position

(Please refer to Instructions for Submitting Sales Tax Refund Request forms.)

