Sales Tax Refund Request Unit Form

(For Local, Council, and Region Use)

| | (FOI LOCAL, COULICIL, | anu Reg | Jion Ose) | | | |
|---|--|----------------|--|--|--|--|
| | Taxes Paid January 1–June 30, 2017 Taxes Paid July 1–December 31, 2017 Taxes Paid January 1–December 31, 2017 Taxes Paid January 1–June 30, 2018 | Due to Cou | uncil / Region August 1, 2017 uncil / Region February 1, 2018 uncil / Region February 1, 2018 uncil / Region August 1, 2018 | | | |
| Region/Co | uncil | | | | | |
| | Name | | | | | |
| | lress | | | | | |
| President's | Name | | | | | |
| | hone | | | | | |
| | Name | | | | | |
| | none | | | | | |
| Utah PTA Tax Exempt #12510060-002-STC | | | Office Use: | | | |
| EIN #: | | | Check # Date: | | | |
| Date Bylaws Approved | | | | | | |
| Have Membership Dues Been Paid? YES / NO | | | | | | |
| Utah PI | Total Sales Tax \$ (From back) TA State Office will deduct a \$2.00 handling fee. | If refund is u | ander \$20.00, handling fee is waived. | | | |
| Please list data about tax paid on the reverse side, or attach a computer-generated report of that information. | | | | | | |
| I certify that the information on this form is accurate. | | | | | | |
| _ | Signature | | Position | | | |
| (Place refer to Instructions for Submitting Sales Tay Refund Request forms) | | | | | | |

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

| Date | Check # | To Whom Was Check Written | For What Purpose | Sales Tax |
|------|---------|---------------------------|------------------|-----------|
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