

# SALES TAX REFUND REQUEST FORM

## Council Compilation Form

- |                          |  |                                 |
|--------------------------|--|---------------------------------|
| <input type="checkbox"/> | Taxes Paid January 1–June 30, 2008     | Due to Council August 1, 2008   |
| <input type="checkbox"/> | Taxes Paid July 1–December 31, 2008    | Due to Council February 1, 2009 |
| <input type="checkbox"/> | Taxes Paid January 1–December 31, 2008 | Due to Council February 1, 2009 |
| <input type="checkbox"/> | Taxes Paid January 1–June 30, 2009     | Due to Council August 1, 2009   |

Region \_\_\_\_\_

Council PTA Name \_\_\_\_\_

Council President Name \_\_\_\_\_ Phone \_\_\_\_\_

Treasurer Name \_\_\_\_\_ Phone \_\_\_\_\_

UTAH PTA 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 \$ _____

Please refer to Instructions for Submitting Sales Tax Refund Request Forms.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

