

SALES TAX REFUND REQUEST FORM

Unit Request

(Local, Council, or Region)

- | | | |
|--------------------------|--|---------------------------------|
| <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 Unit Name _____

School Address _____

President's Name _____ Phone _____

Treasurer's Name _____ Phone _____

UTAH PTA TAX EXEMPT #12510060-002-STC

OFFICE USE:

EIN _____
Date Bylaws Approved _____
Have Membership Dues Been Paid? _____

Check # _____
Date: _____

Total Sales Tax \$ _____
(from back)

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

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

