VENDOR SALES TAX REMITTANCE FORM

This form is to be given to vendors, filled out, and returned back to the Sponsor.

Name of Event: 
Date(s) of Event: 

Vendor Name: 
Vendor Address: 

Vendor Phone Number: ( )

Gross Sales . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . $ 
Multiply Gross Sales by .03 . . . . . . . . . . . . . . . . . . . . . % 
Net Tax . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . $ 

* This is the amount to be remitted to your sponsor along with this form.

I hereby certify, under penalty of law, that the statements made herein are to the best of my knowledge true and correct.

_________________________________________ Date

Vendor Authorized Representative

(DETACH BELOW)

THIS PORTION IS FOR YOU TO KEEP FOR YOUR OWN RECORDS

Event: Date: 

Gross Sales . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . $ 
Multiply Gross Sales by .03 . . . . . . . . . . . . . . . . . . . . . % 
Net Tax . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . $