
Date

To: JISD Business Office

REQUEST FOR PAYMENT OF SALES TAX

Please make payment to the Texas Comptroller of Public Accounts
for our Sales Tax for the quarter ending, 20.....

Total amount of Taxable Sales
(From.....To.....) \$ _____

Sales Tax Percent for this Quarter _____ .0825

TOTAL AMOUNT OF TAX \$ _____

Less ½% (.005) if paid by (15th of the month following the end of the quarter) \$ _____

TOTAL AMOUNT OF SALES TAX DUE \$ _____

Name of Club or Organization

Signature of Sponsor