CNPS QUARTERLY SALES TAX REPORT OF CHAPTER SALES

CHAPTER: _____
Treasurer _____
Address _____
_____
Phone _____
Fax _____
Email _____

PART 1

Point of Sale - Street Address (use separate line for each location)	City & Zip	County	Tax Rate	Taxable Sales	Resale	Out-of-State	U.S. Govt	Total Sales	Merchandise Donations *	Sales Tax Due (taxable + Donations x tax rate)

Notes: Do not include tax or shipping charges (if any) in "Taxable" sales figures. (if your sales totals include tax, you can "back out" sales tax by dividing the total by 1.0xxx where "xxx" is your local sales tax rate.)

* Merchandise Donations - Merchandise (posters, t-shirts, books, etc.) used by chapter or given as donations. Please give value (at cost) of items used by chapters for displays, given as donations, etc. which were originally purchased for resale (that is, on which you paid no sales tax).

PART 2

Please attach list of resale buyers and their resale numbers for this quarter.

Part 3

Total Sales Tax Due _____

PLEASE SEND CHECK FOR TOTAL SALES TAX DUE PAYBLE TO CNPS ALONG WITH THIS FORM