

\_\_\_\_\_  
Date

To: AISD 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 (15<sup>th</sup> of the month following the end of the quarter) \$ \_\_\_\_\_

TOTAL AMOUNT OF SALES TAX DUE \$ \_\_\_\_\_

\_\_\_\_\_  
**Name of Club or Organization**

\_\_\_\_\_  
**Signature of Sponsor**