



JA COMPANY PROGRAM TAX FORM

You **MUST** pay sales tax on ALL sales income received
Due **MAY 10th** to Junior Achievement

Date: _____

Company Name: _____

High School: _____

School Address: _____

City: _____ County _____

Teacher's Name: _____

Volunteer's Name: _____

Semester: Fall _____ Spring _____

Please complete two copies of this form. Return one copy to the Junior Achievement office and keep the duplicate copy in your Company PAID INVOICE file.

SALES TAX ON TOTAL SALES

A) Gross Receipts (including tax) \$ _____

B) Exempt Receipts (subtract) \$ _____

C) Adjusted Gross Receipts (A – B) \$ _____

D) Net Receipts = (C) / (1 + current state tax rate) \$ _____

E) Sales Tax (C – D) \$ _____

2017 Example:

A) Gross Receipts	650.00
B) Exempt Receipts	<u>-50.00</u> (not all will have)
C) Adjusted Receipts	600.00
D) Net Receipts (600/1.065)	<u>563.88</u>
E) Sales Tax (600 – 563.88)	36.62 (should equal your sales tax liability)

**** Attached a copy of your Profit & Loss Statement ****

AMOUNT FROM Line E _____

CHECK NUMBER: _____

To be paid in full to Junior Achievement of East Central Ohio

MAIL TO: Junior Achievement of East Central Ohio, Inc.
4353 Executive Circle NW
Canton, OH 44718

QUESTIONS: Please call our office at 330-433-0063
tweatherbee@jaonline.org

Thank you. We hope you had a wonderful experience!