



***UTAH STATE SALES TAX
REFUND REQUEST FORM***

**Parish, School,
or Organization Name:** _____

Address: _____

Due Date: **October 15, 2013**

Calendar Quarter Ending: _____

Refund Amount Requested: _____

Authorized Signature: _____

Date: _____

Please attach copies of all receipts substantiating this request. Please include a register tape reconciling to the refund amount requested.