GOLDSHIELD Elite

SALES TAX ADJUSTMENT FORM

GOLDSHIELD ELITE
P.O. Box 20027
West Palm Beach, FL 33416-0027

Distributor Information

Name (Last, First) or Company name if applicable

Distributor ID#

Address

Social Security #, Social Insurance # or Tax ID #

City

County (US only)

State / Province

( )
Home Phone Number

( )
Business Phone Number

Zip Code / Postal Code

						(col B - C)			(col D x E)	(col A x F)
				A	B	C	D	E	F	G
Date of Purchase	Sales Order Number	Product Code	Name of Product	Quantity Used	Retail Unit Price	Unit Price Paid	Difference	Sales Tax Rate	Sales Tax Refund -Unit	Sales Tax Refund
Examples										
4/1/2003	555555	1111	Formula #1	1	29.95	20.50	9.45	5.00%	0.47	0.47
4/2/2003	666666	1003	Changes Now	2	29.95	20.50	9.45	5.00%	0.47	0.95
							Total Sales Tax Refund Due			

This form must be filled out completely. Incomplete forms will be returned.
I certify that I was charged tax on the retail value (column B), I paid less than retail value for the products (column C) and the product(s) referenced above were consumed for personal use and not sold for retail price.

Distributor's Signature

Date

For Internal Use Only
Approved by Date
Date Paid Check No.
Contact Number