

Sales Tax Information

Year : _____

To:  SA Sikka
& Associates

From: Client's Name _____

Month: _____

Gross Sales _____

Taxable Sales _____

Total Sales Tax _____

Client's Signature _____

Print Name _____

Title _____

By signing above I verify and affirm that all the tax information on this return is correct & accurate. I give my permission to Sikka & Associates: Accounting & Tax Consultants to remit the above tax amount on behalf of my company. I am aware that if any foregoing information provided to the accountant is incorrect, I will be liable for any or all penalties.