

# SALES TAX ADJUSTMENT FORM

**Mail to:**

NHT Global  
 ATTN: SALES TAX  
 4514 Cole Ave, Ste 1400  
 Dallas, TX 75205  
**Fax: 469-484-4087**  
**Email: support@nhtglobal.com**

NAME			
EMAIL ADDRESS			
ADDRESS			
CITY	COUNTY	STATE	ZIP
PHONE ( )			

Purchased from another Distributor    
 Lived here at time of purchase

State and Local Sales Taxes You Were Charged	CITY	COUNTY	STATE	ZIP	TAX RATE %
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THIS FORM COVERS THE PERIOD FROM (M/D/Y) \_\_\_\_\_ THRU (M/D/Y) \_\_\_\_\_

**1. SALES IN OTHER STATES** (Do not include drop shipments)

(When reporting sales to more than one state or locality use Part 1 on the reverse side to itemize.)

- a. Total suggested retail value of taxable products you purchased. \$ \_\_\_\_\_
- b. Amount of tax you originally paid. (Amount to be refunded to you) \$ \_\_\_\_\_
- c. TOTAL by STATE where sold and amount of tax collected.

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Were the products sold 1.) outside the city limits?  Yes  No 2.) outside the police jurisdiction?  Yes  No

Taxable retail value in state where sold (see note 1) \$\* \_\_\_\_\_ Total Tax Rate % \_\_\_\_\_ Tax Collected (see note 2)\*\* \$ \_\_\_\_\_  
 (Your check will not be deposited until fourteen days after your refund is mailed.) (Remit this Tax)

**2. SALES MADE TO ANOTHER COUNTY OR CITY WITHIN YOUR STATE** (Pertains only to states with local taxes.)

- a. Total suggested retail value of taxable products. (see note 3)\* \$ \_\_\_\_\_
  - b. Tax rate \_\_\_\_\_ % and amount of tax you originally paid. \$ \_\_\_\_\_
  - c. Tax rate \_\_\_\_\_ % and amount of tax collected. (see note 4)\*\* \$ \_\_\_\_\_
- City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

d. **DIFFERENCE** (PAYMENT IS ONLY NEEDED IF LINE "C" IS GREATER THAN LINE "B") \$ \_\_\_\_\_  
 Were the products sold 1.) outside the city limits?  Yes  No 2.) outside the police jurisdiction?  Yes  No  
 (When reporting sales to more than one locality use Part 2 on the reverse side to itemize.)

**3. SALES MADE TO TAX-EXEMPT CUSTOMERS**

(When reporting sales to more than one customer use Part 3 on the reverse side.)

- a. Name of each tax-exempt customer \_\_\_\_\_
- b. Reason for exemption (Hospital, School, etc.) \_\_\_\_\_
- c. Product(s) Sold \_\_\_\_\_  
 Signed exemption certificate attached per government regulation. (retained on file for 3 years)  
 Certificate already on file for customer with the company. (filed within the last 3 years)
- d. Total suggested retail value of taxable products. (Do not include tax in this figure.) \$ \_\_\_\_\_
- e. Amount of tax you originally paid. (Amount to be refunded to you) \$ \_\_\_\_\_

**4. PRODUCTS USED FOR PERSONAL OR DEMONSTRATION USE or**

**SALES TO A RETAIL CUSTOMER AT OTHER THAN SUGGESTED RETAIL PRICE.**

Do you live outside the city limits?  Yes  No (Do not include sales to other Distributors)  
 Were products sold to a customer?  Yes  No

- a. Total suggested retail value of taxable products. (Do not round figures) \$ \_\_\_\_\_
- b. Total sales tax on suggested retail you originally paid. \$ \_\_\_\_\_
- c. Wholesale cost of taxable products used or selling price (see note 5) \$ \_\_\_\_\_
- d. Total sales tax due on wholesale cost or tax collected on actual sale price. \$ \_\_\_\_\_
- e. Total amount of difference due you. (Amount to be refunded to you) \$ \_\_\_\_\_
- f. **OR**, total amount of difference due, if you collected more than you originally paid. \$ \_\_\_\_\_  
 (Enclose check payable to Sales Tax Dept.)

<b>TOTAL AMOUNT REFUNDED TO YOU</b> (Lines 1b, 2d, 3e, & 4e)	<b>\$</b> _____
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I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Distributor Number \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
 Order Number \_\_\_\_\_

**Section 1—SALES IN OTHER STATES**

State/County or Parish/City/Zip Code	Sold Outside		Taxable Retail Amount (taxable where sold)	Tax Rate—%	Tax Collected
	City Limits	Y or N			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>Total Line 1C on front* \$</b>			<b>Total Line 1C on front** \$</b>		

**\*(note 1)** This total taxable retail amount should appear on line c. of Section 1. If the taxable amount in the state of purchase is different than the state you sold in, the total on line a. will be different than the total on line c.

**\*\* (note 2)** This total is the tax collected in other states and should appear on line c. of Section 1 by the \$ on the far right. Your check for this tax collected must accompany your claim form. Make your check payable to Sales Tax Dept.

**SECTION 2—SALES MADE TO ANOTHER CITY OR COUNTY WITHIN YOUR STATE**

State/County or Parish/City/Zip Code	Sold Outside		Taxable Retail Amount (taxable where sold)	Tax Rate—%	Tax Collected
	City Limits	Y or N			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>Total Line 2A on front* \$</b>			<b>Total Line 2C on front** \$</b>		

**\*(note 3)** This total retail amount should appear on line a. of Section 2.

**\*\* (note 4)** This total collected amount should appear on line c. of Section 2.

**SECTION 3—SALES MADE TO TAX-EXEMPT CUSTOMERS**

Name	Reason for Exemption	Product or Products Sold
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**(note 5) – THE WHOLESALE PRICE INCLUDES THE COST OF THE PRODUCTS PLUS SHIPPING AND HANDLING**