

Name:  
t/a  
Address:

Schedule: A  
Filename: SUT wrkbbk  
Account #:  
Audited By: Leneen Mackall

Recap  
Period:

6/1/10 to 6/30/2014

Date: 4/20/2015

Schedule	Type	Tax Deficiency
B	Capital Assets	\$0.00
C-1 & C-2	Admin. Expensed purchases	2,602.49
C-2 & C-3	Material Purchases	1,022.89
D	Sales	<u>23,466.10</u>

Sales & Use Tax total 27,091.48

Offset Credit (27,091.48)

**Total Tax Deficiency** 0.00

Approved Offset Credit (Schedule G) \$28,719.09

Less Offset Credit (Schedule A) (\$27,091.48)

Difference \$1,627.61

Offset Credit (Schedule C-6) \$14,226.08

**Additional Refund Due** \$15,853.69

### Acknowledgement of Audit Closing Meeting

1. By signing below Taxpayer or Authorized Representative is acknowledging receipt of workpapers accompanied by an explanation of the audit results.
2. The deficiency listed above does not represent a formal assessment. A formal assessment notice accompanied by appeal rights will be mailed to the Taxpayer.
3. The Taxpayer or Authorized Representative acknowledges that during the final closing conference the auditor has explained applicable interest and penalty charges will be included on the formal assessment notice.

Taxpayer  
or Authorized Representative

By *[Signature]*

Name *Kew Dickard*

Title *SALES TAX CONSULTANT*

Date *APRIL 20, 2015*

Name:  
t/a  
Address:

Schedule: A  
Filename: SUT wrkbbk  
Account #:  
Audited By: Deneen Mackall

Recap  
Period:

6/1/10 to 6/30/2014

Date: 8/15/2014

Schedule	Type	Tax Deficiency	
C-1 & C-2	Admin. Expensed purchases	4,390.06	
C-2 & C-3	Material Purchases	2,390.78	
D	Sales	<u>37,202.14</u>	
Sales & Use Tax total			<u>43,982.98</u>
Total Tax Deficiency			<u><u>\$43,982.98</u></u>

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**Taxpayer  
or Authorized Representative**

By \_\_\_\_\_  
Signatory

Name \_\_\_\_\_  
Print Name

Title \_\_\_\_\_

Date \_\_\_\_\_