



Lynne T. Riley
Commissioner

State of Georgia
Department of Revenue
Compliance Division

Pete Donnelly
Deputy Commissioner For Tax

MISCELLANEOUS EVENTS

VENDOR	
ADDRESS	
NAME OF EVENT	DATE OF EVENT

INSTRUCTIONS FOR VENDOR:

- 1) Complete vendor name, address and name of event information.
- 2) Report the amount of taxable sales (even if zero sales).
- 3) Collect Georgia Sales Tax at the rate that applies to the county in which the event is held.
- 4) Report the amount of sales tax collected.
- 5) Pay to the GEORGIA DEPARTMENT OF REVENUE, by check or money order, the amount of sales tax collected.
- 6) If you are registered with the STATE OF GEORGIA for SALES AND USE TAX and will include these sales on your regular form, please provide tax number: _____

		COUNTY		TAX RATE	
				%	
4% BRACKET	5% BRACKET	6% BRACKET	7% BRACKET	8% BRACKET	
Amount of Sale	Tax	Amount of Sale	Tax	Amount of Sale	Tax
.01 - .12	No tax	.01 - .09	No tax	.01 - .07	No tax
.13 - .37	.01	.10 - .29	.01	.08 - .21	.01
.38 - .62	.02	.30 - .49	.02	.22 - .35	.02
.63 - .87	.03	.50 - .69	.03	.36 - .49	.03
.88 - 1.00	.04	.70 - .89	.04	.50 - .64	.04
		.90 - 1.00	.05	.65 - .78	.05
				.79 - .92	.06
				.93 - 1.00	.07
					.94 - 1.00
					.08

TAXABLE SALES	TAX COLLECTED
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AT THE CLOSE OF THE EVENT, THIS FORM WITH TAX COLLECTED SHOULD BE:
 Returned to the Revenue Agent on duty Mailed within 3 days following close of event
 (ENVELOPE PROVIDED)

Should you have any questions, please contact: Georgia Department of Revenue <hr style="width: 30%; margin-left: 0;"/> Authorized Agent for State Revenue Commissioner	FOR REVENUE USE ONLY I.D. NUMBER -00000- CHECK NAME STATE TAX MARTA TSPLOST LOCAL OPTION OTHER LOCAL OPTION SPECIAL EDUCATIONAL HOMESTEAD TOTAL TAX
TELEPHONE NUMBER:	
DATE:	