



**DCRS Value Added
Service: TAX CHANGE
AGREEMENT**

Performed by Customer

- Tax program change information is available by email or phone IN ADVANCE
- If you prefer this method and will perform the change, SIGN and RETURN by FAX
- **Customers performing the change do so at their own risk**
- Fees may apply to correct a customer-performed tax change problem
- **With Support Plan: NO CHARGE**
- **Without Support Plan by Credit Card**

Performed by DCRS

- Complete the LOCATION(s), RATE(s), circle ADD ON or INCLUSIVE, SIGN and RETURN by FAX
- COUNTY-WIDE tax change: **You understand that a request may not be completed on the date desired.**
- **FORM MUST BE COMPLETED IN ENTIRETY FOR EACH TYPE OF TAX RATE TO CHANGE**
- **DCRS performs in the order received, and Customer MUST PERFORM VERIFICATION TO INSURE ACCURACY. CUSTOMER IS RESPONSIBLE FOR ANY INACCURACIES IF NOT PERFORMED AND REPORTED TO DCRS WITHIN 24 HOURS OF COMPLETION.**

LOCATION: _____ Desired effective date: _____

Change <u>REGULAR SALES TAX</u> rate to: _____ %		Must CIRCLE one:
Change <u>FOOD SALES TAX</u> rate to: _____ %		AddOn...or...INCLUSIVE (tax included w/price)
Change <u>LIQUOR SALES TAX</u> rate to: _____ %		AddOn...or...INCLUSIVE (tax included w/price)
Change <u>NON-FOOD SALES TAX</u> rate to: _____ %		AddOn...or...INCLUSIVE (tax included w/price)
Change <u>FOOD STAMP SALES TAX</u> rate to: _____ %		

LOCATION: _____ Desired effective date: _____

Change <u>REGULAR SALES TAX</u> rate to: _____ %		Must CIRCLE one:
Change <u>FOOD SALES TAX</u> rate to: _____ %		AddOn...or...INCLUSIVE (tax included w/price)
Change <u>LIQUOR SALES TAX</u> rate to: _____ %		AddOn...or...INCLUSIVE (tax included w/price)
Change <u>NON-FOOD SALES TAX</u> rate to: _____ %		AddOn...or...INCLUSIVE (tax included w/price)
Change <u>FOOD STAMP SALES TAX</u> rate to: _____ %		

LOCATION: _____ Desired effective date: _____

Change <u>REGULAR SALES TAX</u> rate to: _____ %		Must CIRCLE one:
Change <u>FOOD SALES TAX</u> rate to: _____ %		AddOn...or...INCLUSIVE (tax included w/price)
Change <u>LIQUOR SALES TAX</u> rate to: _____ %		AddOn...or...INCLUSIVE (tax included w/price)
Change <u>NON-FOOD SALES TAX</u> rate to: _____ %		AddOn...or...INCLUSIVE (tax included w/price)
Change <u>FOOD STAMP SALES TAX</u> rate to: _____ %		

CUSTOMER ACCEPTANCE: I understand that I am responsible to TEST & VERIFY the ACCURACY of any tax change performed by DCRS, and REPORT any INACCURACIES to DCRS within 24 hours of the completion of the change. I understand that if I fail to report an inaccuracy, I take full responsibility for the inaccuracy.

COMPANY NAME _____ DATE _____

AUTHORIZED SIGNATURE _____ TITLE _____

PRINT NAME _____ PHONE _____

HOURS OF OPERATION (to schedule change OUTSIDE of hours) _____

PLEASE RETURN BY FAX: 314-739-8619

DCRS Tech _____ Form & Closed Call Approved (MGR): _____

1.7.12