FOOD SALES SUBMISSION TECHNICAL ASSISTANCE TRAINING

GEORGIA WIC PROGRAM

PURPOSE

To provide technical assistance for the correct preparation of food sales assessment documentation

TRAINING OUTLINE

- Correct preparation of self-reporting documents (e.g. GWVF 1, 2 and 3)
- Proper retrieval of the Sales and Use Tax (ST-3) forms from the Georgia Department of Revenue for designated reporting period
- Submission process for self-reporting and ST-3 documents to Georgia WIC
- Provide information regarding upcoming changes to the reporting process

PREPARATION OF SELF-REPORTING DOCUMENTS

GWVF-1 Georgia WIC Vendor's Food Sales Report

- Requires three (3) months of food sales information
- Self-reported calculations should equal total sales inclusive of exempt and non-exempt sales
- Total eligible food sales should equal total exempt food sales unless the following are sold:
 - Gasoline
 - Georgia Lottery Tickets
 - Vitamins and/or dietary supplements

Vendor Na	me			1	Vendor Numbe
Please pro	vide the Reque	sted Information a	nd Documents f	or EACH appropr	riate month.
	r self-reported orgia DOR ST-3	I figures on this fo filing report.	rm should mate	h the figures re	flected in you
Month &	Total Sales	Total State Exempt	Total State Non-Exempt	Total Eligible Food Sales	Total Gasolin
Year	Gross Sales	Non-Taxable Sales	Taxable Sales	Including WIC/SNAP Sales	If Applicable
Signature	of Store Auth	orized Represent	ative	Dat	e of Signatur

PREPARATION OF SELF-REPORTING DOCUMENTS

GWVF-2 GA WIC Questionnaire Form

Georgia WIC Vendor Questionnaire (GWVF-2)

vendor Name		vendor Numbe
Does this store sell the Georgia lottery? Does this store sell Gasoline?	☐ Yes	□ No
Does this store sell any tax-exempt non-food items or	☐ Yes	□ No

If so, please list all items along with the total sales data for each in the table below.

Refer to https://etax.dor.ga.gov/salestax/index.aspx and click on the link 2014 List of Sales and Use Tax and Exemptions for a complete list.

Item(s)	Total Sales
	\$
	\$
	\$

4. Please list the items this store carries for sale other than WIC/SNAP eligible items (i.e. paper products, clothing, prepared/hot foods, etc.).

1.	5.	
2.	6.	
3.	7.	
4.	8.	

Signature of Store Authorized Representative

Date of Signature

Complete all fields accurately and truthfully, including:

- Vendor Name
- Vendor Number
- Complete questions 1-4
- Sign and date

Georgia Department of Public Health | We Protect Lives.

PREPARATION OF SELF-REPORTING DOCUMENTS

GWVF-3 VERIFICATION Form

Complete all fields accurately and truthfully, including:

- Vendor Name
- Vendor Number
- Signature
- Supporting documentation (if applicable)
- Complete Notary Public section

Pfirt Name of Size Authorized Representative who, after first being duly sworm, states on oath the following: I swear and affirm under penalty of perjury that the information and documents submitted are true correct. I have completed the documents based on facts that were in my personal knowledge, calculated by examining the business and financial records of the above-referenced WIO Vendor. The footnation there are true, correct, and complete to the best of my knowledge, it is stake-guently discover the facts herein have changed, or I need to amend any of my lax document of Revenue prior to the affirmative obligation to update my tax documents with the Georgia Department of Revenue prior to deadline to submit the enclosed forms (GWVF-I, GWVF-2, GWVF-3, and DOR ST-3) to the Georgia Program. Indertained that failure to provide the requested information limitly will result in termination of Vendor Agreement with Georgia WIC. I further understand that the information provided may be verified with other governmental agencies must be supported by tax forms and other business and sales documentation correspondent to requested months that will sufficiently establish total eligible foot ables, non-exempt sales, SNAP and	I swear and affirm under penalty of perjury that the information and documents submitted are true are correct. I have completed the documents based on facts that were in my personal knowledge, are calculated by examining the business and financial records of the above-referenced MIC Vendor. The fact contained herein are true, correct, and complete to the best of my knowledge. If subsequently discover the facts herein have changed, or level to a ment any of my tax documents, I understand that I am undit the affirmative obligation to update my tax documents with the Georgia Department of Revenue prior to the deadine to submit the enclosed forms (GWVF-I, GWVF-2, GWVF-2, and DOR ST-3) to the Georgia WIC. Program. I understand that failure to provide the requested information timely will result in termination of n VendorAgreement with Georgia WIC. If there understand that the information provided may be verified with other governmental agencies are must be supported by tax forms and other business and sales documentation correspondent to the requested months that will sufficiently establish total eligible food sales, non-exempt sales, SNAP and WI sales, and/or gross sales. I acknowledge that this statement is given under oath, under penalty of perjury and punishable by crimin prosecution for false swearing. I also swear that below is the list of documents used to calculate and veri the figures reported. (If necessary, additional forms attached):
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I acknowledge that this statement is given under oath, under penalty of perjury and punishable by crim	
the figures reported. (If necessary, additional forms attached): Supporting Documentation	Supporting Documentation
1. 3.	1. 3.
2. 4.	2. 4.
	Dated thisday of, 2014
Dated this day of, 2014	Address: Signature of Store Authorized Representative
Dated thisday of, 2014 Address: Signature of Store Authorized Representative	
_ ·	Phone: Printed Name of Store Representative
Address: Signature of Store Authorized Representative	
Address: Signature of Store Authorized Representative Phone: Printed Name of Store Representative	Sworn to and subscribed before me this day of, 2014.

RETRIEVING ST-3 FORMS

Visit the Georgia Department of Revenue - **Georgia Tax Center** website https://gtc.dor.ga.gov/ /#1

STEP 1- Log-in using username and password provided by the Georgia Department of Revenue

STEP 2- Click on account number

STEP 3- Click on the word **REQUEST**

STEP 4- Print ST-3 forms (ensure confirmation number is located in the upper right corner)



NOTE: Corporate vendors <u>must</u> provide an itemized spreadsheet separating total state sales, exempt sales, and taxable sales for **each WIC authorized store**.

PROPER SUBMISSION TO GEORGIA WIC

 Mail all documents to the Georgia WIC Program using a traceable method (i.e. UPS, FedEx, etc.).
 Please keep copies of all documents mailed.

Mail to:

Georgia Department of Public Health Georgia WIC Program Office of Vendor Management 2 Peachtree Street, NW, 10th Floor Atlanta, GA 30303

UPCOMING CHANGES

Effective November 2014

Self-reporting form GWVF-1 will be accessible online through the shelf price survey website, State Electronic Notifiable Disease Surveillance System (SENDSS)

REMINDERS

- <u>Each</u> WIC-authorized store must be assessed to ensure an accurate assessment of sales data.
- All ST-3 documentation must have a confirmation number that verifies that the forms were retrieved from the Georgia Department of Revenue.

CONTACT INFORMATION

Georgia WIC
Office of Vendor Management: (404)657-2900

Customer Service Hotline: 1(866)814-5468 (toll free within Georgia)