

WIC VENDOR SALES INFORMATION

PLEASE REVIEW THE DIRECTIONS ON THE BACK OF THIS FORM.

STORE NAME: _____ VENDOR #: _____

STORE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NEW STORE (IN BUSINESS FOR LESS THAN ONE YEAR):

IF YOU HAVE BEEN IN BUSINESS FOR LESS THAN ONE (1) MONTH, ESTIMATE SALES AMOUNT AND SPECIFY TIME PERIOD.

IF YOU HAVE BEEN IN BUSINESS FOR MORE THAN ONE (1) MONTH BUT LESS THAN ONE (1) YEAR, PROVIDE ACTUAL SALES AMOUNT AND SPECIFY TIME PERIOD, AND ATTACH SUPPORTING TAX DOCUMENTATION.

FROM: _____ TO _____
MONTH/YEAR MONTH/YEAR

NON-TAXABLE FOOD SALES: \$ _____

GROSS SALES: \$ _____

AMOUNT OF ALL TAXABLE AND NON-TAXABLE SALES, INCLUDING GAS, PHARMACY, BAIT, DELI, VIDEO RENTAL, ETC. NOTE: SALES FROM LOTTERY, MONEY ORDERS, AND ANY SERVICE OFFERED AS COMMISSION SERVICES (e.g. TICKET MASTER), OR HUNTING/FISHING LICENSES IS NOT INCLUDED.

EXISTING STORE (IN BUSINESS FOR ONE (1) YEAR OR LONGER)

IF YOU ARE A VENDOR WHO IS CURRENTLY AUTHORIZED TO ACCEPT WIC BENEFITS AND HAVE BEEN OPEN FOR MORE THAN ONE (1) YEAR, PLEASE ENTER SALES FIGURES FROM OCTOBER 1, 2010, THROUGH SEPTEMBER 30, 2011, AND ATTACH THE SUPPORTING TAX DOCUMENTATION.

NON-TAXABLE FOOD SALES: \$ _____

GROSS SALES: \$ _____

AMOUNT OF ALL TAXABLE AND NON-TAXABLE SALES, INCLUDING GAS, PHARMACY, BAIT, DELI, VIDEO RENTAL, ETC. NOTE: SALES FROM LOTTERY, MONEY ORDERS, AND ANY SERVICE OFFERED AS COMMISSION SERVICES (e.g. TICKET MASTER), OR HUNTING/FISHING LICENSES IS NOT INCLUDED.

MUST SUPPLY PROOF (SALES AND USE TAX FORMS) OF REPORTED SALES FIGURES.

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT. I UNDERSTAND THIS INFORMATION IS FOR THE USE OF THE WIC PROGRAM.

PRINT NAME OF PERSON OR FIRM SUPPLYING INFORMATION

DATE

SIGNATURE OF PERSON OR FIRM SUPPLYING INFORMATION

TITLE

INSTRUCTIONS FOR COMPLETING THE WIC VENDOR SALES INFORMATION FORM

- A. THIS FORM SERVES TO DOCUMENT WHETHER A CONTRACTED VENDOR OR VENDOR APPLICANT MEETS THE CRITERIA FOR NON-TAXABLE FOOD SALES AND PRIMARY BUSINESS IS A RETAIL GROCER OR DRUG STORE.
- B. PLEASE NOTE THAT, PER FEDERAL GUIDELINES, ALL VENDORS ARE NOW REQUIRED TO PROVIDE COPIES OF SUPPORTING DOCUMENTATION (E.G. TAX RETURNS) SHOWING GROSS SALES AND TOTAL NON-TAXABLE FOOD SALES.
- C. INSTRUCTIONS FOR COMPLETING THE FORM:
1. STORE NAME - ENTER STORE NAME.
 2. WIC VENDOR NUMBER - ENTER THE AUTHORIZED WIC VENDOR NUMBER AS IT APPEARS ON YOUR VENDOR STAMP. IF AN APPLYING VENDOR, LEAVE THE AREA BLANK.
 3. ADDRESS DEMOGRAPHICS.
 4. FOOD SALES - SUPPLY AMOUNT OF ALL NON-TAXABLE FOOD SALES, INCLUDING WIC SALES, IF APPLICABLE, FOR THE TIME PERIOD BEGINNING OCTOBER 1, 2010, AND ENDING SEPTEMBER 30, 2011. INDICATE THE DOLLAR AMOUNT OF SALES. IF AN APPLYING VENDOR, ESTIMATE ANTICIPATED SALES.
 5. GROSS SALES - SUPPLY AMOUNT OF TOTAL SALES FOR STORE FOR THE TIME PERIOD BEGINNING OCTOBER 1, 2010, AND ENDING SEPTEMBER 30, 2011. GROSS SALES INCLUDE BOTH THE TAXABLE AND NON-TAXABLE SALES DONE BY THE STORE, INCLUDING GAS, PHARMACY, BAIT, DELI, VIDEO RENTAL, ETC. HOWEVER, SALES FROM LOTTERY, MONEY ORDERS, ANY SERVICE OFFERED AS COMMISSION SERVICES (E.G. TICKET MASTER), OR FISHING/HUNTING LICENSES ARE NOT TO BE REPORTED AS GROSS SALES. INDICATE THE DOLLAR AMOUNT OF SALES. IF AN APPLYING VENDOR, ESTIMATE ANTICIPATED SALES.
 6. NAME OF PERSON OR FIRM SUPPLYING INFORMATION - SELF- EXPLANATORY.
 7. DATE - MONTH, DAY, AND YEAR THE FORM IS COMPLETED.
 8. SIGNATURE - SIGNATURE OF PERSON SUPPLYING INFORMATION.
 9. TITLE - TITLE OF PERSON OR FIRM SUPPLYING INFORMATION.
 10. ATTACH ALL SUPPORTING SALES DOCUMENTATION AND RETURN WITH FORM TO:

**ATTN: STEPHANIE TURNER
WIC PROGRAM
DEPARTMENT FOR PUBLIC HEALTH
275 EAST MAIN STREET, HS2W-D
FRANKFORT, KY 40621**