

ST. RAPHAEL DEPOSIT REGISTER – rev 10/2017

1. **Attach** yellow copy of BANK DEPOSIT SLIP with LIST OF PAYERS & AMOUNTS, BAG STRIP from Tamper-Evident Bank Bag, and BANK RECEIPT (bank receipts for night drops will be mailed to the office). Turn in this Deposit Register with attachments within 3 days of deposit.
2. Any Fundraising Income subject to Kentucky Sales Tax must be listed in SECTION 2 below.

DEPOSIT DATE: _____

- 0101.10 PARISH GENERAL CHKG** **0103.80 NON-TAXABLE FUNDRAISING CHKG**
 0101.____ / _____ GENERAL CHKG **0103.81 PTO NON-TAXABLE FUNDRAISING CHKG**
 0111.____ CHARITABLE GAMING CHKG **0121.82 CAFETERIA CHECKING**

SECTION 1: NON-TAXABLE INCOME

Credit to Acct. #	Credit to Acct. Name (Dept. Name Not Needed)	Description To Be Used in Ledger	Amount
TOTAL NON-TAXABLE INCOME:			

SECTION 2: TAXABLE INCOME (Parish Bookkeeper will calculate Taxable Income and Sales Tax Due based on total amount deposited for taxable items listed below. Sales Tax COA#0613.xx)

Credit to Acct. #	Credit to Acct. Name (Dept. Name Not Needed)	Description To Be Used in Ledger	Amount
TOTAL TAXABLE INCOME:			

TOTAL DEPOSIT _____

Deposit Prepared by: _____ Deposit Verified by: _____

Taken to Bank by: _____

R# _____