



This form should not be filed unless this business has been registered with the City and Borough of Sitka.

Prior to submitting this form, complete the Sales Tax Quarterly Return. Please contact the sales tax department at (907)747-1840 or by e-mail marjie@cityofsitka.com.

City and Borough of Sitka

100 LINCOLN STREET
SITKA, ALASKA 99835

NAME:

ADDRESS:

Quarterly Return - 6% **BED TAX**

For Quarter Ending _____ 20____

GROSS RECEIPTS

1. Room Sales (Room rental only - excluding bed & sales tax): \$ _____

DEDUCTIONS:

2. Occupancy over 30 days _____

3. Lodging to government agencies _____

4. Lodging / wholesale for resale _____

5. Total deductions (lines 2+3+4) < _____ >

6. NET TAXABLE RECEIPTS (Line 1 minus line 5) _____

7. TOTAL TAX DUE FOR QUARTER (Line 6 times .06) _____

8. **LESS:** Tax paid for first month _____ < _____ >

Tax paid for second month _____ < _____ >

9. **LESS:** Discount (3% of line 7, allowed *only if timely monthly payments were made*: maximum \$100) < _____ >

10. **ADD:** Penalty (5% of delinquent tax pre month or part
Thereof to 15%. Minimum \$15) _____

11. **ADD:** Interest (12% delinquent tax per annum) _____

12. Amount due or <credit> from previous return (+ or -) _____

13. **TOTAL - Pay to - City & Borough of Sitka** \$ _____

I declare, subject to penalties prescribed by ordinance, that this return, (including accompanying statement), has been examined by me and to the best of my knowledge is a true, correct and complete return.

Firm Member / Owner or Agent:

Print

Signature

Date