

CITY AND BOROUGH OF SITKA

100 LINCOLN ST - SITKA, AK 99835 907-747-1840

QUARTERLY SALES & TRANSIENT ROOM TAX RETURN

See reverse side for instructions and exemptions.

Check here if no business activity this period. Sign, Date, and return form on time to avoid late filing penalty.

Quarter ending _____, 20____

ACCT # _____

NAME :

ADDRESS:

CHANGES:

9 ADDRESS _____

9 Mailing _____

9 Physical _____

9 OWNERSHIP: Sold or permanently closed. Please complete information on back of this form.

	October 1- March 31 Sales Tax 5%	April 1 – September 30 Sales Tax 6%	Transient Room Tax 6%
1. GROSS RECEIPTS (EXCLUDING TAX)			
A. Sales / Service.....	_____	_____	_____
B. Rental (Long term).....	_____	XXXXXXXXXX	_____
C. Rentals less than 30 days.....	_____	_____	_____
2. TOTAL GROSS RECEIPTS	_____	_____	_____
3. LESS EXEMPTIONS			
A. Wholesale.....	_____	_____	_____
B. Outside municipality.....	_____	_____	_____
C. Senior citizens with CBS exemption card.....	_____	_____	_____
D. Government agencies.....	_____	_____	_____
E. Government supported exempt agencies.....	_____	_____	_____
F. Sales over the taxable limit \$1000.....	_____	_____	_____
G. Other exemptions -attach list-	_____	_____	_____
4. TOTAL EXEMPTIONS	(_____)	(_____)	(_____)
5. Net Taxable Receipts (Line 2 less line 4)	_____	_____	_____
	X .05	X .06	X .06
6. Calculate Tax (multiply line 5 by tax rate)	_____	_____	_____
7. Fish Box Tax: _____ containers x \$10.00 sales tax _____			

8. Subtotal Combined Tax (add line 6 all columns & Line 7)	\$ _____
A. Less total tax paid: first month	(_____)
B. second month.....	(_____)
C. Credit from previous returns.....	(_____)
9. Subtotal Combined tax owed(Combined tax less pmts received and credits on account)	\$ _____
A. Less discount 3% of Line 8	(_____)
** allowed only if timely monthly payments were made - maximum \$100	
10. Add: Penalty: (5% per month or part thereof to 25% - see back for minimum)	_____
11. Add: Interest: (12% of delinquent tax per annum)	_____
12. Amount due from previous returns	_____
13. TOTAL AMOUNT DUE WITH RETURN	\$ _____

Paid preparer _____
signature

Printed Name _____

Date _____ Contact phone # _____

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

Signature of owner or agent _____

Printed Name _____

Date _____ Contact phone # _____