



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 Business Registration form accompanied with a \$25.00 refundable sales tax deposit. Please contact the sales tax department at (907)747-1840 or by e-mail marjie@cityofsitka.com.

CITY AND BOROUGH OF SITKA

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

QUARTERLY SALES TAX RETURN INCLUDE ALL SALES & SERVICE FOR QUARTER.

See reverse side for instructions and exemptions.

9 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 5%	April 1 – September 30 6%
1. GROSS RECEIPTS (EXCLUDING TAX)		
A. Sales / Service.....	_____	_____
B. Rental (Long term).....	_____	XXXXXXXXXXXX
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
6. Tax (multiply line 5 by tax rate)	_____	_____
7. Fish Box Tax: _____ containers x \$10.00 sales tax _____		
8. Subtotal tax add line 6. column 1 & 2 and Line 7.....		\$ _____
A. Less tax paid: first month _____		(_____)
B. second month _____		(_____)
C. Less discount 3% of line 8 **		(_____)
** allowed only if timely monthly payments were made - maximum \$100		
9. Add: Penalty: (5% per month or part thereof to 25% - see back for minimum).....		_____
10. Add: Interest: (12% of delinquent tax per annum).....		_____
11. Amount due or credit from previous return.....		_____
12. TOTAL TAX 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 # _____

