



# QUARTERLY SALES & TRANSIENT ROOM TAX RETURN

Send completed return and payment to:  
City and Borough of Sitka  
Finance Department - Sales Tax  
100 Lincoln Street  
Sitka, Alaska 99835  
Via email: [tax@cityofsitka.org](mailto:tax@cityofsitka.org)

For the quarter ending: \_\_\_\_\_

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

**CHANGE ADDRESS:** (Additional forms online)  
**Mailing:** \_\_\_\_\_  
**Physical:** \_\_\_\_\_  
 **CLOSED:** Permanently or Sold. Please complete information on the back of this form.

**Account #:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

See reverse side for instructions and exemptions.

	(October – March) Sales Tax 5%	(April – September) Sales Tax 6%	(All Year) Transient Room Tax 6%
<b>1. GROSS RECEIPTS (EXCLUDING TAX)</b>			
A. Sales/service	_____	_____	_____
B. Rental (long-term always 5%)	_____	<b>XX (always 5%) XX</b>	_____
C. Rentals less than 30 days	_____	_____	_____
<b>2. TOTAL RECEIPTS (Add lines A-C)</b>	_____	_____	_____
<b>3. LESS EXEMPTIONS</b>			
A. Wholesale/resale	_____	_____	_____
B. Long-term residential rentals	_____	<b>XXXXXXXXXXXXXXXXXX</b>	_____
C. Outside municipality	_____	_____	_____
D. Sales to senior citizens with exemption card	_____	_____	_____
E. Government agencies	_____	_____	_____
F. Government supported exempt agencies	_____	_____	_____
G. Sales over the taxable limit	_____	_____	_____
H. Other exemptions - <b>attach list-</b>	_____	_____	_____
<b>4. TOTAL EXEMPTIONS (Add exemptions A-G)</b>	( _____ )	( _____ )	( _____ )
<b>5. Net Taxable Receipts</b> (Subtract Line 4 from Line 2)	_____	_____	_____
	X .05	X .06	X .06
<b>6. Calculate Tax (multiple line 5 by tax rate)</b>	_____ <b>+</b> _____ <b>+</b> _____		
	(1)	(2)	(3)
<b>7. Fish Box Tax:</b> _____ containers x \$10.00 sales tax = _____			
<b>8. Subtotal Tax (Total Line 6 columns (1-3) and Line 7)</b>			\$ _____
A. Less tax paid: First month			( _____ )
B. Less tax paid: Second month			( _____ )
C. Credit from previous returns			( _____ )
D. Less discount 3% of Line 8 <b>**if timely monthly payments were made – maximum \$100.00</b>			( _____ )
<b>9. Add: Late Filing Fee</b> (\$15.00 for first month to \$100.00 – see back for schedule)			_____
<b>10. Add: Penalty</b> (5% per month or part thereof to 25% - see back for schedule)			_____
<b>11. Add: Interest</b> (12% of delinquent tax per annum – calculation on back)			_____
<b>12. Amount due from previous return(s)</b>			_____
<b>13 TOTAL DUE WITH RETURN</b>			\$ _____

Paid preparer signature: \_\_\_\_\_  
Printed name: \_\_\_\_\_  
Date: \_\_\_\_\_ Contact phone #: \_\_\_\_\_

I declare, subject to penalties prescribed by ordinance, that this return (including and attachments) has been examined by me and to the best of my knowledge is a true, correct, and complete return.  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

