



QUARTERLY SALES, TRANSIENT ROOM, & MARIJUANA 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
 Questions call 907-747-1840

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.

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

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 #: _____

