



City and Borough of Sitka

PROVIDING FOR TODAY...PREPARING FOR TOMORROW

A Coast Guard City

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

YEARLY 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 fee.

YEAR ending: _____

Account #: _____
Name: _____
Address: _____

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

	(October – March) Sales Tax 5%	(April – September) Sales Tax 6%	(All Year) Transient Room Tax 6%
1. GROSS RECEIPTS (EXCLUDING TAX)			
A. Sales/Service	_____	_____	_____
B. Rental (Long term-always 5%)	_____	XX (always 5%) XX	_____
C. Rentals less than 30 days	_____	_____	_____
2. TOTAL RECEIPTS (Add lines A-C)	_____	_____	_____
3. LESS EXEMPTIONS			
A. Wholesale	_____	_____	_____
B. Long Term Residential Rentals	_____	XXXXXXXXXXXXXXXXXX	_____
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 -attach list-	_____	_____	_____
4. TOTAL EXEMPTIONS (Add exemptions A-G)	(_____)	(_____)	(_____)
5. Net Taxable Receipts (Subtract Line 4 from Line 2)	_____	_____	_____
	X .05	X .06	X .06
6. Calculate Tax (multiple line 5 by tax rate)	_____	_____	_____
	(1) +	(2) +	(3)
7. Fish Box Tax: _____ containers x \$10.00 sales tax = _____			
8. Subtotal Tax (Total Line 6 columns (1-3) and Line 7)			\$ _____
A. Less tax paid			(_____)
B. Credit from previous return(s)			(_____)
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.....			\$ _____

DUE January 31, 2022

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 #: _____

