

CITY AND BOROUGH OF SITKA

100 LINCOLN ST - SITKA, AK 99835 907-747-1840 EMAIL: tax@cityofsitka.org

QUARTERLY SALES TAX RETURN



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

See reverse side for instructions and exemptions.

Quarter ending _____, 20_____



CHANGE ADDRESS: (Additional Forms Online)

Mailing _____

Physical _____



CLOSED: Permanently or Sold. Please complete information on back of this form.

ACCT # _____

NAME:

ADDRESS:

	(October – March) Sales Tax 5%	(April – Sept) Sales Tax 6%
1. GROSS RECEIPTS (EXCLUDING TAX)		
A. Sales/Service.....	_____	_____
B. Rental (Long term).....	_____	XXXXXXXXXX
C. Rentals less than 30 days.....	_____	_____
2. TOTAL RECEIPTS (Add Lines A-C)	_____	_____
3. LESS EXEMPTIONS		
A. Wholesale.....	_____	_____
B. Long Term Residential Rentals.....	_____	XXXXXXXXXX
C. Outside municipality.....	_____	_____
D. Senior citizens with CBS 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 Exceptions A-H) (_____)	(_____)	(_____)
5. Net Taxable Receipts (Subtract <u>Line 2</u> from <u>Line 4</u>)	_____	_____
	X .05	X .06
6. Calculate Tax (multiply line 5 by tax rate)	_____ + _____	
	(1)	(2)
7. Fish Box Tax: _____ containers x \$10.00 sales tax = _____		
8. Subtotal Tax (Total <u>Line 6</u> columns (1-2) and <u>Line 7</u>).....		\$ _____
A. Less tax paid: first month		(_____)
B. Second month.....		(_____)
C. Credit from previous returns.....		(_____)
D. Less discount 3% of Line 8.....		(_____)
<small>** allowed only if timely monthly payments were made - maximum \$100</small>		
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).....		_____
12. Amount due from previous return.....		_____
13. TOTAL DUE WITH RETURN.....		\$ _____

Paid preparer _____ <div style="text-align: center; margin-left: 100px;">signature</div>
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 _____
 Printed Name _____
 Email _____
 Date _____ Contact Phone# _____

