



**Quarterly Return Forms
are for Registered Businesses Only!**

**If you are NOT Registered as a Business,
Prior to submitting this form,
complete the Business Registration
Form, accompanied by a minimum of
a \$50.00 refundable sales tax
deposit. Please contact the Sales
Tax Department at (907) 747-1840 or
by email at salestax@cityofsitka.org if
you have any questions.**

CITY AND BOROUGH OF SITKA

100 LINCOLN ST - SITKA, AK 99835 907-747-1840 EMAIL: Salestax@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.....		(_____)
** allowed only if timely monthly payments were made - maximum \$100		
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 _____
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 _____

Printed Name _____

Email _____

Date _____ Contact Phone# _____

