



**Quarterly Bed Tax Return
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 & TRANSIENT ROOM TAX RETURN – BED TAX



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% | (All Year) Transient Room 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 | X .06 |
| 6. Calculate Tax (multiply line 5 by tax rate) | _____ (1) | _____ (2) | _____ (3) |
| 7. Fish Box Tax: _____ containers x \$10.00 sales tax = _____ | | | |
| 8. Subtotal Tax (Total <u>Line 6</u> columns (1-3) 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 _____
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# _____

