



**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 [tax@cityofsitka.org](mailto:tax@cityofsitka.org) if you  
have any questions.**

# CITY AND BOROUGH OF SITKA

100 LINCOLN ST - SITKA, AK 99835 907-747-1840 EMAIL: [tax@cityofsitka.org](mailto: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)<br>Sales Tax<br>5% | (April – Sept)<br>Sales Tax<br>6% |
|--|--------------------------------------|-----------------------------------|
| <b>1. GROSS RECEIPTS (EXCLUDING TAX)</b>   |                                      |                                   |
| A. Sales/Service.....  | _____                                | _____                             |
| B. Rental (Long term).....   | _____                                | XXXXXXXXXX                        |
| C. Rentals less than 30 days.....  | _____                                | _____                             |
| <b>2. TOTAL RECEIPTS (Add Lines A-C)</b>   | _____                                | _____                             |
| <b>3. LESS EXEMPTIONS</b>  |                                      |                                   |
| 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-.....   | _____                                | _____                             |
| <b>4. TOTAL EXEMPTIONS (Add Exceptions A-H) ( _____ )</b>  | ( _____ )                            | ( _____ )                         |
| <b>5. Net Taxable Receipts</b><br>(Subtract <u>Line 2</u> from <u>Line 4</u> )                     | _____                                | _____                             |
|  | X .05                                | X .06                             |
| <b>6. Calculate Tax (multiply line 5 by tax rate)</b>  | _____ + _____                        |                                   |
|  | (1)                                  | (2)                               |
| <b>7. Fish Box Tax:</b> _____ containers x \$10.00 sales tax = _____                               |                                      |                                   |
| <b>8. Subtotal Tax (Total <u>Line 6</u> columns (1-2) and <u>Line 7</u>).....</b>                  |                                      | \$ _____                          |
| 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                               |                                      |                                   |
| <b>9. Add: Late Filing Fee: (\$15.00 for first month to \$100.00 - see back for schedule).....</b> |                                      | _____                             |
| <b>10. Add: Penalty: (5% per month or part thereof to 25% - see back for schedule).....</b>        |                                      | _____                             |
| <b>11. Add: Interest: (12% of delinquent tax per annum).....</b>                                   |                                      | _____                             |
| <b>12. Amount due from previous return.....</b>  |                                      | _____                             |
| <b>13. TOTAL DUE WITH RETURN.....</b>  |                                      | \$ _____                          |

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# \_\_\_\_\_

