



**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](mailto: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](mailto: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%
<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 (Subtract <u>Line 2</u> from <u>Line 4</u>)</b>	_____	_____	_____
	X .05	X .06	X .06
<b>6. Calculate Tax (multiply line 5 by tax rate)</b>	_____ +	_____ +	_____
	(1)	(2)	(3)
<b>7. Fish Box Tax:</b> _____ containers x \$10.00 sales tax = _____			
<b>8. Subtotal Tax (Total <u>Line 6</u> columns (1-3) 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.....			(_____)
<small>** allowed only if timely monthly payments were made - maximum \$100</small>			
<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# \_\_\_\_\_

