



CITY AND BOROUGH OF SITKA

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

QUARTERLY SALES & TRANSIENT ROOM TAX RETURN

See reverse side for instructions and exemptions.

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

Quarter ending _____, 20__

ACCT # _____

NAME: _____

ADDRESS: _____

CHANGE ADDRESS: (Additional Forms Online)
Mailing: _____
Physical: _____
 CLOSED: Permanently or Sold. Please complete information on back of this form.

	(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)	_____	XXXXX	_____
C. Rentals less than 30 days	_____	_____	_____
2. TOTAL RECEIPTS (Add Lines A-C)	_____	_____	_____
3. LESS EXEMPTIONS			
A. Wholesale	_____	_____	_____
B. Long Term Residential Rentals	_____	XXXXX	_____
C. Outside municipality	_____	_____	_____
D. Government agencies	_____	_____	_____
E. Government supported exempt agencies	_____	_____	_____
F. Sales over the taxable limit	_____	_____	_____
G. Other exemptions -attach list-	_____	_____	_____
4. TOTAL EXEMPTIONS (Add Exceptions A-G)	(_____)	(_____)	(_____)
5. Net Taxable Receipts (Subtract Line 2 from Line 4)	_____	_____	_____
	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 Line 6 columns (1-3) and Line 7)			\$ _____
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# _____

