



REQUEST FOR SALES TAX REFUND

CITY AND BOROUGH OF SITKA
Department of Finance, Sales Tax Division
100 Lincoln Street, Sitka AK 99835
Ph (907)747-1840 Fax (907)747-0536

Sales Tax in the amount of \$ _____ has been received by

_____ and remitted to the City of Sitka
(Business Name)

with returns for _____ year _____ qtr(s). This tax was paid by

_____ and is now being requested
(Customer)

to be refunded because the person(s) or company:

- () Is senior tax exempt. Card# _____
- () The product was resold . Card# _____
- () Other exemption. - Please explain and attach applicable back up. _____

Please attach copies of all sales tax payments for which you are requesting a refund.

I hereby certify that the above statement of facts is true.

Claimant _____ Date _____
(Signature)

Printed name

Street address, City, State & Zip

Business Owner/Agent _____
(Signature certifying Sales Tax was paid to the City and Borough of Sitka)

_____ Date _____
Printed name