

City and Borough of Sitka Cigarette and Tobacco Products 2018 TAX RETURN

Send completed return to: City and Borough of Sitka

Finance Department Excise Tax 100 Lincoln Street Sitka, Alaska 99835

SEE INSTRUCTIONS ON REVERSE SIDE

NAME, ADDRESS AND SIGNATURE OF AGENT OR PREPARER

This return must be filed and the tax paid on or before the last day of the month following the month during which the cigarettes and other tobacco products were manufactured, imported or acquired.

NAME AND ADDRESS AS IT APPEARS ON THE CIGARETTE AND TOBACCO PRODUCTS LICENSE:			CENSE: RETURN FOR THE MO	RETURN FOR THE MONTH AND YEAR OF:	
			CONTACT NAME:		
CBS BUSINESS REGISTR	ATION NO.:	CTP LICENSEE NO.:	PHONE NUMBER:		
b. c. 2. Total number of ta	Number of cigarettes n Less deductions for sal Less other deductions axable cigarettes (line	1 a less lines 1b and 1c)			
	per cigarette (Multiply tobacco products:	line 2 by .1231)		3	
b. c. 5. Total wholesale p 6. Tax @ 90% (Mult 7. Total cigarette an 8. Prior month adjus 9. Total cigarette an 10. Penalty - Failure 11. Penalty - Failure 12. Interest – Pursua accrue on the uni due, multiply the a 13.Total AMOUNT D	Less deductions for sal Less other deductions by .90) d tobacco products tax stment (Attach explar d tobacco tax due (Tot to File Timely (6% or 1 to Pay Timely (6% or 1 nt to Code Section 4.2 remitted balance of tax amount on Line 9 by .0 UE RETURN (Add lines	products (line 4a less lines 4b and 4c) (Add lines 3 and 6) nation) al of lines 7 and 8) 5% of line 9. See Instruction) 5% of line 9. See Instructions) 6.160, interest at the rate of 12% per a less due from the operator. To calculate 20033 for each day the tax is delinqued.	annum shall e interest ent. KA for the amount on I	6 7 8 9 10 11 12	
	NUMBER OF CIGARETTES ACQUIRED WITHIN THE CITY AND BOROUGH OF SITKA WITH TAX INCLUDED				
\$	WHOLESALE PRICE OF OTHER TOBACCO PRODUCTS ACQUIRED WITHIN THE CITY AND BOROUGH OF SITKA WITH TAX INCLUDED				
		urn has been examined by me and to pacco products manufactured, import			
SIGNATURE OF TAXPAYE	R OR OFFICER OF CORP	ORATION:	TITLE (PLEASE PRINT):	DATE:	

DATE: