



Period Ending _____

Account No. _____

SALES TAX RETURN FORM

INSTRUCTIONS

DO NOT REPORT 4% SALES ON THIS FORM. Cash basis businesses with 4% sales to report should contact the Sales Tax Office for an alternate filing form.	*Tax Rate Table	
	Prior to 1/1/97	4%
	1/1/97 - 9/30/98	5%
	10/1/98 - 12/31/98	4%
	1/1/99 - 12/31/05	5%

\$ _____

TOTAL AMOUNT REMITTED
MAKE CHECKS PAYABLE TO:
 CBJ
 Finance Department – Sales Tax
 155 So. Seward Street
 Juneau, AK 99801-1397

Check here if no business activity this period, sign, date, and return form timely to avoid late filing fee.

Areawide Sales*

SALES TAX RETURN

1. **GROSS SALES**: Do not include sales tax collected or returned merchandise..... _____
2. **LESS** all exempt sales:..... _____
 - A. Resale of: -Goods..... _____
 - Services _____
 - B. Government Agencies _____
 - C. Out of borough Goods only: Order placed from and delivery made outside CBJ _____
 - D. Senior citizens with CBJ exemption cards..... _____
 - E. Non-profit agencies with CBJ exemption cards..... _____
 - F. Non-residents with CBJ exemption cards..... _____
 - G. Other exemptions, specify by code number on lines below:

3. **TOTAL EXEMPT SALES**..... (_____)
4. **NET TAXABLE SALES** (Line 1 less line 3)..... _____
5. **TAX RATE***..... **x5%**
6. **CALCULATE TAX**..... _____
7. **OPTIONAL DISCOUNT IF FILED AND PAID TIMELY** - 1% of total tax due _____
 ALL may take minimum of \$10. Maximum allowed is \$100 on quarterly returns or \$50 on monthly returns. (_____)
8. Credits from prior periods Verify credits with the sales tax office before taking (_____)
9. Late fee \$25 per period..... _____
10. Late payment penalty and interest _____
11. **SUBTOTAL AMOUNT** (Summary of lines 6 through 10)..... _____
12. Deposit Summary:

	Date Paid	Deposit Payments	Actual Tax Due
A. 1 st month of quarter	_____	_____	_____
B. 2 nd month of quarter	_____	_____	_____
C. 3 rd month of quarter	_____	_____	_____
D. Other deposits during qtr.	_____	_____	_____
E. Total deposits	_____	_____	(_____)
13. **TOTAL AMOUNT DUE WITH RETURN** (Indicate account number on your check for proper credit)..... _____

Business Name _____

Account No. _____

Period Ending _____

INDICATE CHANGES HERE

Address/Name Change. Check here and complete [Change of Address/Name Change Form](#).

Business Sold or Permanently Closed. Check here and complete [Business Sale or Closure Form](#).

14. I declare subject to the penalties prescribed in City & Borough of Juneau ordinances that this return (including any accompanying statements) has been examined by me, and to the best of my knowledge and belief, is a true correct and complete return.

DATE _____

FIRM MEMBER, OWNER OR AGENT _____ CONTACT PHONE # _____