

M

Reporting Period

Account Number

Due By



CBJ USE ONLY



Finance Department, Sales Tax Division
155 So. Seward St, Juneau, AK 99801
MONTHLY SALES TAX RETURN FORM

\$ _____
AMOUNT REMITTED
CHECKS PAYABLE TO CBJ

DO NOT DETACH

DO NOT DETACH

DO NOT DETACH

CHECK HERE IF NO BUSINESS ACTIVITY THIS PERIOD. YOU MUST ALSO SIGN, DATE AND RETURN FORM TIMELY TO AVOID LATE FILING FEE.

Areawide Sales

1. **GROSS SALES: Do not include sales tax collected or returned merchandise** _____

2. **LESS: all exempt sales:**

A. Resale of Goods _____

B. Resale of Services _____

C. Government Agencies _____

D. Goods ordered from outside CBJ and shipped outside CBJ _____

E. Senior citizens with CBJ exemption cards _____

F. Non-profit agencies with CBJ exemption cards _____

G. Other exemptions, specify by code number on lines below: _____

3. **TOTAL EXEMPT SALES** (Total of lines 2A to G) _____ (_____)

4. **NET TAXABLE SALES** (Line 1 less line 3) _____

5. **SALES TAX** (Multiply line 4 by 5%) _____

6. **OPTIONAL DISCOUNT IF FILED AND PAID TIMELY** _____ (_____)

Subject to minimum and maximum. See instructions (Subject to minimum & maximum)

7. Credits from prior periods. Should be verified with Sales Tax Office before applying _____ (_____)

8. Late fee (\$25) _____

9. Late payment penalty and interest **(FOR THIS RETURN ONLY)** _____

10. **SUBTOTAL AMOUNT** (Summary of lines 5 through 9) _____

11. Deposit Summary:

A. 1st month of quarter _____ Date Paid _____ Tax Due _____ Deposit Paid _____

B. 2nd month of quarter _____

C. 3rd month of quarter _____

D. Total deposits paid _____ (_____)

12. **TOTAL AMOUNT DUE WITH RETURN** (Subtract line 11D from line 10) _____

13. **ACCOUNT CHANGES**

A. New Address: _____

B. Name Change: _____

C. Business Closure Date: _____ Consider this filing a final return. Yes No

D. Business Sold or Transferred, please provide the following:

Sale or Transfer Date: _____ New Owners/Address: _____

Business Name



Reporting Period

Account Number

14. I declare subject to the penalties prescribed in City and 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.

X

SIGNATURE, TITLE

DATE

CONTACT PHONE #