SALES TAX RETURN FORM

FOURTH QUARTER ENDING: DECEMBER 31 (OCT., NOV., DECEMBER)

PLEASE FILL OUT AND RETURN THIS FORM SHOWING ANY CHANGES TO THE BUSINESS NAME, INDIVIDUAL NAME OR ADDRESS BY CROSSING OUT THE OLD INFORMATION AND WRITING IN THE NEW INFORMATION. IF YOU HAVE NOT MADE ANY SALES OR COLLECTED ANY RENTS OR FEES FOR SERVICES DURING THIS QUARTER, PLEASE INDICATE IN THE APPROPRIATE SPACES AND RETURN THIS FORM

ENTER NAME and ADDRESS:

Sales Tax Calculation	
Gross Receipts – SALES \$ Gross Receipts – RENTS \$ Gross Receipts – SERVICES \$ TOTAL GROSS RECEIPTS \$	
LESS Exempt Sales Exempt Seniors 65 and above WITH exempt card Resale/Wholesale exempt sales Single sale amount in excess of \$7500.00 Sales to State, Federal or Municipal government entity Sales delivered outside the city Other (MUST describe)	\$ \$ \$ \$ \$
TOTAL EXEMPT SALES	\$
TOTAL Taxable Sales (Gross Receipts less Exempt Sales)	\$
SALES TAX DUE (.06 x amount shown on previous line)	\$ Due January 31st

Sales tax returns and payments are due by the end of the calendar month following the close of the sales tax

quarter . Penalties: (1) Within five working days after delinquency date 6%, (2) More than five working days up to and including thirty days after delinquency date 15%, (3) More than thirty days up to and including sixty days after delinquency date 20%, (4) More than sixty days after delinquency date 25%

I affirm, subject to the penalties prescribed in the City of Thorne Bay Ordinances that this is a true, correct, and complete sales tax return.

Signature of Firm	Member, Own	er, or Authorized A	Agent Sales	a Tax Number:		
COMPLETE THIS SECTION ONLY IF THIS IS A FINAL RETURN						
Date Business Discontinued Reason Business Discontinued						
Name and Address of Pu	rchaser					
FOR OFFICE USE ONLY						
Date received		By	If Mailed, Postma	rk Date		
	Cash	Check #	Amount Remit	ted:		
	CITY OF THO	RNE BAY P.O. BO	X 19110 THORN	E BAY, ALASKA 99919		