

# SALES TAX AND TRANSIENT OCCUPANCY TAX RETURN FORM

FIRST QUARTER ENDING: **March 31**

(January, February, March)

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) \$ \_\_\_\_\_

## TRANSIENT OCCUPANCY TAX CALCULATION

Gross Receipts - TRANSIENT LODGING \$ \_\_\_\_\_  
LESS Exempt Transient Occupancy \$ \_\_\_\_\_  
Lodging paid on a monthly basis \$ \_\_\_\_\_  
Incidental and Isolated rental of private facility \$ \_\_\_\_\_  
Rents received from State, Federal or Municipal governments \$ \_\_\_\_\_  
TOTAL EXEMPT TRANSIENT OCCUPANCY \$ \_\_\_\_\_

Total Taxable Transient Occupancy (Gross receipts less exempt sales) \$ \_\_\_\_\_

TRANSIENT OCCUPANCY TAX DUE (.04 X amount on previous line) \$ \_\_\_\_\_

**TOTAL TAXES DUE** (Total sales tax + transient occupancy tax): \$ \_\_\_\_\_ DUE April 30th

Sales and Transient Occupancy 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, Owner, or Authorized Agent

SALES TAX NUMBER: \_\_\_\_\_

**COMPLETE THIS SECTION ONLY IF THIS IS A FINAL RETURN**

Date Business Discontinued \_\_\_\_\_ Reason Business Discontinued \_\_\_\_\_  
Name and Address of Purchaser \_\_\_\_\_

### **FOR OFFICE USE ONLY**

Date received \_\_\_\_\_ By \_\_\_\_\_ If Mailed, Postmark Date \_\_\_\_\_  
Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount Remitted: \_\_\_\_\_

CITY OF THORNE BAY

P.O. BOX 19110

THORNE BAY, ALASKA 99919

