

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

