SALES TAX RETURN FORM

FIRST QUARTER ENDING: MARCH 31ST (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) $_____
                                         Due April 30th

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, 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