

SALES TAX RETURN FORM

SECOND QUARTER ENDING: JUNE 30 (APRIL, MAY, JUNE)

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 July 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, 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

