**Finance Department, Sales Tax Division**

155 So. Seward St, Juneau, AK  99801

**QUARTERLY SALES TAX RETURN FORM**

**DO NOT DETACH**

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Account Number</th>
<th>Due By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CBJ USE ONLY</td>
</tr>
</tbody>
</table>

**AMOUNT REMITTED**

CHECKS PAYABLE TO CBJ

**DO NOT DETACH**

☐ Check here if no business activity this period, sign, date, and return form timely to avoid late filing fee.

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area wide Sales</strong> 5%</td>
<td><strong>Liquor or Marijuana Sales</strong> 3%</td>
<td><strong>Hotel/Motel Sales</strong> 9%</td>
</tr>
</tbody>
</table>

1. **GROSS SALES**: Do not include sales tax collected or returned merchandise.

2. **LESS** all exempt sales:
   - A. Resale of Goods ........................................
   - B. Resale of Services ..................................
   - C. Government Agencies ................................
   - D. Goods ordered from outside CBJ and shipped outside CBJ...
   - E. Senior citizens with CBJ exemption cards ..........
   - F. Non-profit agencies with CBJ exemption cards ....
   - G. Other exemptions, specify by code number on lines below:

3. **TOTAL EXEMPT SALES** .....................................

4. **NET TAXABLE SALES** (Line 1 less line 3) ............

5. **CALCULATE TAX …… **Do NOT round tax due….

6. **TOTAL TAX** (Add line 5, columns 1 and 2. Carry down line 5 column 3) ........................................

7. **OPTIONAL DISCOUNT IF FILED & PAID TIMELY**
   - (Add Area wide & Liquor or Marijuana Tax)
   - (Hotel/Motel Tax Only)
   - (Amount from Line 5)
   - (Subject to MIN & MAX.)
   - (Subject to MIN & MAX.)

8. Subtotal amount (Line 6 less line 7, columns 2 and 3) ..........................................................

9. **TAX DUE LESS DISCOUNT** (Add line 8, columns 2 and 3) ............................................................

10. Credits from prior periods Verify credits with the sales tax office before taking ................................

11. Late fee **$25 per period** ........................................

12. Late payment penalty and interest (FOR THIS RETURN ONLY) (See instructions) ..................................

13. **SUBTOTAL AMOUNT** (Summary of lines 9 through 12) .................................................................

14. Deposits paid ....................................................

15. **TOTAL AMOUNT DUE WITH RETURN** (Indicate account number on your check for proper credit) ........

16. **ACCOUNT CHANGES**
   - A. New Address .............................................
   - B. Name Change ...........................................
   - C. Business Closure Date .................................
   - D. Business Closed or Transferred, please provide the following:
     - Sale of Transfer Date: ..................................
     - New Owners/Address: .................................

17. I declare subject to the penalties prescribed in City and Borough of Juneau ordinances that this return (including any accompanying statements) has been examined by me, and to the best of my knowledge and belief, is a true, correct and complete return.

**SIGNATURE/PRINT NAME/TITLE**

**DATE**

**CONTACT PHONE #**