

# Q

Reporting Period

Account Number

Due By



CBJ USE ONLY



Finance Department, Sales Tax Division  
155 So. Seward St, Juneau, AK 99801  
QUARTERLY SALES TAX RETURN FORM

\$ \_\_\_\_\_  
**AMOUNT REMITTED**  
CHECKS PAYABLE TO CBJ

**DO NOT DETACH**

**DO NOT DETACH**

**DO NOT DETACH**

CHECK HERE IF NO BUSINESS ACTIVITY THIS PERIOD. YOU MUST ALSO SIGN, DATE AND RETURN FORM TIMELY TO AVOID LATE FILING FEE.

**Areawide Sales**

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** (Total of lines 2A to G) \_\_\_\_\_ ( \_\_\_\_\_ )

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

5. **SALES TAX** (Multiply line 4 by 5%) \_\_\_\_\_

6. **OPTIONAL DISCOUNT IF FILED AND PAID TIMELY** \_\_\_\_\_ ( \_\_\_\_\_ )  
Subject to minimum and maximum. See instructions (Subject to minimum & maximum)

7. Credits from prior periods. Should be verified with Sales Tax Office before applying \_\_\_\_\_ ( \_\_\_\_\_ )

8. Late fee (\$25) \_\_\_\_\_

9. Late payment penalty and interest (**FOR THIS RETURN ONLY**) \_\_\_\_\_

10. **SUBTOTAL AMOUNT** (Summary of lines 5 through 9) \_\_\_\_\_

11. Deposit Summary:	Date Paid	Tax Due	Deposit Paid
A. 1 <sup>st</sup> month of quarter	_____	_____	_____
B. 2 <sup>nd</sup> month of quarter	_____	_____	_____
C. 3 <sup>rd</sup> month of quarter	_____	_____	_____
D. Total deposits paid	_____	_____	_____ ( _____ )

12. **TOTAL AMOUNT DUE WITH RETURN** (Subtract line 11D from line 10) \_\_\_\_\_

13. **ACCOUNT CHANGES**

A. New Address: \_\_\_\_\_

B. Name Change: \_\_\_\_\_

C. Business Closure Date: \_\_\_\_\_ Consider this filing a final return.  Yes  No

D. Business Sold or Transferred, please provide the following:  
Sale or Transfer Date: \_\_\_\_\_ New Owners/Address: \_\_\_\_\_

**Business Name**



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14. 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.

**X**

SIGNATURE, TITLE

DATE

CONTACT PHONE #