

# M

Reporting Period

Account Number

Due By



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

CBJ USE ONLY

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

DO NOT DETACH

DO NOT DETACH

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

	Column 1 Area wide Sales 5%	Column 2 Liquor <u>or</u> Marijuana Sales 3%	Column 3 Hotel/Motel Sales 7%
1. <b>GROSS SALES:</b> Do not include sales tax collected or returned merchandise .....	_____	_____	_____
2. <b>LESS</b> 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. <b>TOTAL EXEMPT SALES</b> .....	( _____ )	( _____ )	( _____ )
4. <b>NET TAXABLE SALES</b> (Line 1 less line 3) .....	_____	_____	_____
5. <b>CALCULATE TAX</b> .....	_____	_____	_____
6. <b>TOTAL TAX</b> (Add line 5, columns 1 and 2. Carry down line 5 column 3) .....	_____	_____	_____
7. <b>OPTIONAL DISCOUNT IF FILED &amp; PAID TIMELY</b> (Calculate 1% of TOTAL TAX line 6, columns 2 and 3, and apply minimums & maximums) <b>Column 2: ALL may take \$10 minimum. Maximum is \$100 for quarterly returns/\$50 for monthly returns</b> <b>Column 3: ALL may take \$10 minimum. Maximum is \$100 for quarterly returns/\$50 for monthly returns</b>		( _____ ) <small>(Add Area wide &amp; Liquor <u>or</u> Marijuana Tax)</small> <small>(Subject to MIN &amp; MAX.)</small>	( _____ ) <small>(Hotel/Motel Tax Only)</small> <small>(Amount from Line 5)</small> <small>(Subject to MIN &amp; MAX.)</small>
8. Subtotal amount (Line 6 less line 7, columns 2 and 3) .....	_____	_____	_____
9. <b>TAX DUE LESS DISCOUNT</b> (Add line 8, columns 2 and 3) .....	_____	_____	_____
10. Credits from prior periods <b>Verify credits with the sales tax office before taking</b> .....	_____	_____	( _____ )
11. Late fee \$25 per period .....	_____	_____	_____
12. Late payment penalty and interest ( <b>FOR THIS RETURN ONLY</b> ) (See instructions) .....	_____	_____	_____
13. <b>SUBTOTAL AMOUNT</b> (Summary of lines 9 through 12) .....	_____	_____	_____
14. Deposits paid .....	_____	_____	( _____ )
15. <b>TOTAL AMOUNT DUE WITH RETURN</b> (Indicate account number on your check for proper credit) .....	_____	_____	_____
16. <b>ACCOUNT CHANGES</b>			
A. New Address _____			
B. Name Change _____			
C. Business Closure Date _____ Consider this filing a final return. <input type="checkbox"/> Yes <input type="checkbox"/> No			
D. Business Closed or Transferred, please provide the following:			
Sale of Transfer Date: _____			
New Owners/Address: _____			

Business Name

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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.

X

SIGNATURE/PRINT NAME/TITLE

DATE

CONTACT PHONE #