

CITY OF HOONAH
P.O. Box 360
HOONAH, AK 99829

Phone #: 907-945-3663
Fax #: 907-945-3445

MONTHLY SALES TAX RETURN FORM For Month Ending

Per Code Sec 4.04-080: "The completed and executed sales tax return, together with remittance in full for the amount of sales tax due, shall be transmitted to the City Treasurer from the Seller on or before the last day of the month following the month in which the sale occurred."

Business Name: _____
Address: _____

- Check here if no business activity this month, sign, date, and return form timely to avoid late filing fee.
 Check here if you are temporarily closed for business and you expect to not conduct business for the next month or longer. Please show the expected beginning and ending dates of temporary closure.
Beginning Date _____ Date expected to re-open _____
 Check here if change of Address or Business Name Change
 Check here if Business Sold or Permanently closed.

1. GROSS RETAIL SALES:

Goods \$ _____ Services \$ _____ Rentals \$ _____
Total Gross Sales - Sum of Goods, Services, Rentals \$ _____

This is the full selling price of all retail sales for the month.
Do not include sales tax collected, returned merchandise, or the value of items taken in trade intended for resale.

2. LESS: non-taxable sales: (_____)

This line item is used for retail sales deemed to be not "Within the City" per Code Section 4.04.020 M.

3. LESS: all exempt sales: Code Sections 4.04.110 and 4.04.120

- A. Sales for Resale (Code Sec 4.04.110 E.) _____
- B. Sales to Government Agency (Code Sec 4.04.110 Q.) _____
- C. Sales to Senior Citizens with exemption card _____
- D. Sales to non-profit org. (Code Sec 4.04.110 P.) _____
- E. Other exempt sales – State Code Sec on line below: _____

TOTAL EXEMPT SALES (_____)

4. NET TAXABLE SALES (line 1 less line 2 and line 3)

5. TAX RATE **X6.5%**

6. CALCULATED SALES TAX _____

7. OPTIONAL DISCOUNT IF FILED AND PAID TIMELY _____

This is 1% of GROSS TAXABLE SALES – minimum of \$12.50 – maximum of \$50.00 per month

8. Credits if applicable, verify with sales tax office before taking. (_____)

9. Late filing penalty per Code Sec 4.04.090 A, B, or C. _____

10. Late Payment Interest per Code Sec 4.04.090 D _____

A \$25.00 penalty will apply for each late return and be assessed monthly for the first two months. On the third month, the return is late, a \$25.00 penalty or 5% of the tax liability will be assessed, whichever is greater. Interest for any unpaid taxes will accrue from the date of delinquency until paid at 12% per annum.

TOTAL AMOUNT DUE WITH RETURN _____

11. I declare subject to the penalties prescribed in City of Hoonah 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.

DATE _____ CONTACT PHONE # _____

AUTHORIZED SIGNATURE _____