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

Phone #: 907-945-3663
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MONTHLY ALCOHOL & TOBACCO 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 ALCOHOL SALES $_____

a. LESS: Sales for Resale (Code Sec 4.04.110 E.) ($_____)

GROSS ALCOHOL SALES minus Resale $_____

ALCOHOL TAX RATE **X 6%**

2. CALCULATED ALCOHOL TAX **$**_____

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