



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

Reporting Period Account Number Due By



CBJ USE ONLY

\$ AMOUNT REMITTED
 CHECKS PAYABLE TO CBJ

DO NOT DETACH

DO NOT DETACH

DO NOT DETACH

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 or Marijuana Sales 3%	Column 3 Hotel/Motel Sales 9%
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 (Calculate 1% of TOTAL TAX line 6, columns 2 and 3, and apply minimums & maximums) Column 2: ALL may take \$10 minimum. Maximum is \$100 for quarterly returns/\$50 for monthly returns Column 3: ALL may take \$10 minimum. Maximum is \$100 for quarterly returns/\$50 for monthly returns		(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		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	Reporting Period	Account Number

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 #

