



Reporting Period

Account Number

Due by

Combined Sales Tax Return



CBJ USE ONLY

Returns & Remittances may be submitted:

- Online at https://beta.juneau.org/finance/sales-tax
Mail to 155 S. Seward St, Juneau, AK 99801
Email to sales.tax.office@juneau.org (returns only)
Multiple drop box locations in Juneau
In-person at City Hall, 155 S. Seward St

\$ AMOUNT REMITTED CHECKS PAYABLE TO CBJ

DO NOT DETACH

DO NOT DETACH

DO NOT DETACH

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

Column 1: Areawide 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
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)
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. Yes 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 #