



Finance Department, Sales Tax Office  
 155 So. Seward St., Juneau, AK 99801  
 Ph (907)586-5215 ext. 4901 Fax (907)586-0365  
[www.juneau.org/finance/sales-tax-forms](http://www.juneau.org/finance/sales-tax-forms)

**FOR OFFICE USE ONLY**

**PROCESSING INSTRUCTIONS:** Attach envelope to return form upon receipt. Copy return form for cash backup and submit original return form and merchant's supporting documentation to the Sales Tax Office.

AMOUNT OF CHECK \$ \_\_\_\_\_

APPLY TO ACCOUNT CODE: 221010101-4221

## TOBACCO EXCISE TAX RETURN

ACCOUNT NUMBER: \_\_\_\_\_

COMPANY: \_\_\_\_\_

FOR THE QUARTER ENDING: \_\_\_\_\_

	<b>Column 1</b>	<b>Column 2</b>
	<b>CIGARETTES</b>	<b>OTHER TOBACCO PRODUCTS</b>
	<b>Number of Packs</b>	<b>Wholesale Price</b>
	<b>#</b>	<b>\$</b>
1. Cigarettes/Other Tobacco Products Imported or Acquired within CBJ		\$
2. Less Adjustments:		
(a) Volume Discounts (Does not Apply to Column 1) .....		(\$ _____)
(b) Other Price Reductions (Does not Apply to Column 1).....		(\$ _____)
(c) Returned Merchandise.....	( _____ )	(\$ _____)
3. Subtotal Adjustments (Sum Line 2a through 2c).....	( _____ )	(\$ _____)
Adj Cigarettes/Other Tobacco Products (Subtract Line 3 from Line 1)		
4. ....		\$
5. Less Exemptions:		
(a) Military Sales .....	( _____ )	(\$ _____)
(b) Amount Prohibited from Taxation by Other Laws .....	( _____ )	(\$ _____)
(c) Wholesaled Outside the Borough.....	( _____ )	(\$ _____)
6. Subtotal Exemptions (Sum Line 5a through 5c).....	( _____ )	(\$ _____)
7. Total Taxable (Subtract Line 6 from Line 4).....		\$
8. Tax Rate.....	<b>X \$3.00 per Pack</b>	<b>X 45%</b>
9. Excise Tax Due (Multiply Line 7 by Line 8).....	\$	\$
10. Total Tobacco Excise Tax Due (Add Line 9, Columns 1 and 2).....		\$
11. Late Payment Penalty (5% per Month to Maximum of 25%) .....		\$
12. Late Payment Interest (1.25% per Month, 15% per Annum) .....		\$
13. Prior Period Adjustments.....		\$
14. Total Amount Due with Return (Sum Line 10 through Line 13) .....		\$

I certify under penalty of perjury that this return, including all accompanying schedules, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return of all cigarette and tobacco products imported into or acquired in the City and Borough of Juneau, Alaska during the period specified above.

**X**

DATE                      SIGNATURE OF FIRM MEMBER, OWNER OR AGENT                      PRINTED NAME                      PHONE NUMBER

Note: This return must be filed by each Taxpayer that imports or acquires tobacco products in the City and Borough of Juneau, even if no products were imported during the months covered.