



**City and Borough of Juneau, Alaska**  
Finance Department, Sales Tax Office  
155 Heritage Way, Juneau, AK 99801  
Ph (907) 586-5215 ext. 4901  
Email: [sales.tax.office@juneau.gov](mailto:sales.tax.office@juneau.gov)

## SALES TAX CONTACT UPDATE

It is the responsibility of the sales tax account holder to maintain current and accurate contact information with the Sales Tax Office. Please use this form to update your primary contact, mailing address, phone number, or email information.

You may return this completed form by email to [sales.tax.office@juneau.gov](mailto:sales.tax.office@juneau.gov) or by mail to:

City and Borough of Juneau, Sales Tax Office  
155 Heritage Way  
Juneau, AK 99801

### Sales Tax Account Information

Business Name: \_\_\_\_\_

Sales Tax Account Number: \_\_\_\_\_ State of Alaska Business License Number: \_\_\_\_\_

### Updated Contact Information *(Please complete all sections that apply)*

#### Primary Contact

Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_ Date of Birth or SSN: \_\_\_\_\_  
*(for verification purposes)*

Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

#### Business Information

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

### Certification

*By signing below, I certify that the information provided above is accurate, complete, and reflects the current contact information for this business. I affirm that I am authorized to make this update on behalf of the business and understand it is the sales tax account holder's responsibility to keep this information current with the Sales Tax Office.*

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_