



FINANCE DEPARTMENT – SALES TAX
 155 Heritage Way, Juneau, Alaska 99801
 Phone (907) 586-5215 ext. 4901
 Email: sales.tax.office@juneau.gov

SENIOR CITIZEN SALES TAX HARDSHIP REBATE INCOME AFFIDAVIT

This form is not an application and must be submitted with a completed application.

Use this form if the applicant is not required to file a Federal Income Tax Return under IRS regulations.

Otherwise, copies of 2025 Federal Income Tax Return, along with all schedules and 1099s, must be submitted.

APPLICANT INFORMATION

| | | | |
|--|--|---------------------|--|
| Applicant Name: | | CBJ Senior Exempt # | |
| Spouse Name: | | CBJ Senior Exempt # | |
| Contact Email: | | Contact Phone: | |
| I have attached my completed Hardship Rebate Application <input type="checkbox"/> | | | |

STATEMENT OF 2025 INCOME

| Type of Income | Monthly | Annual | TOTAL |
|--|---|--|-------------------------|
| <i>Total compensation, earned and unearned, taxable and nontaxable</i> | <i>List any income received monthly</i> | <i>List any income received annually</i> | <i>For CBJ Use Only</i> |
| Wages, Salaries, Tips | | | |
| Interest Income | | | |
| Dividend Income | | | |
| Refunds or Credits | | | |
| Alimony received | | | |
| Business Income | | | |
| Capital Gain (not including losses) | | | |
| IRA Distributions (not rollover) | | | |
| Pensions and Annuities | | | |
| Rents, royalties, partnerships, corps, and trust income | | | |
| Unemployment Compensation | | | |
| Social Security Income | | | |
| Supplemental Social Security | | | |
| Social Security Disability Income | | | |
| Veterans Administration (VA) | | | |
| Permanent Fund Dividend | | | |
| Longevity Bonus | | | |
| APA (Public Assistance) | | | |
| Other Income | | | |
| Total Annual Income | | | |

Certification: I declare, subject to the penalties prescribed in the City and Borough of Juneau ordinances, that this form has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.

| | | | |
|-------------------------|--|-------|--|
| Signature of Applicant: | | Date: | |
| Signature of Spouse: | | Date: | |