



Reporting Period

Account Number

Due by

Combined Sales Tax Return



CBJ USE ONLY

Returns & Remittances may be submitted:

- Online at <https://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.

Need Help? Instructions are available at juneau.org/finance/sales-tax-forms

	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 and Services ordered from outside CBJ and delivered 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, 2, and 3)	_____	_____	_____
7. OPTIONAL DISCOUNT IF FILED & PAID TIMELY			(_____) <i>(Online Filers Only)</i> <i>(See Instructions)</i>
<i>\$30 flat discount for ONLINE FILERS ONLY. Discount can reduce tax to zero but cannot create a credit.</i>			
8. Credits from prior periods Verify credits with the sales tax office before taking			(_____)
9. Late fee \$25 per period			_____
10. Late payment penalty and interest (FOR THIS RETURN ONLY) (See instructions)			_____
11. SUBTOTAL AMOUNT (Summary of lines 8 through 11)			_____
12. Deposits paid			(_____)
13. TOTAL AMOUNT DUE WITH RETURN (Indicate account number on your check for proper credit)			_____
14. Payment method: Cash Check # _____ Online Payment Confirmation # _____			

15. 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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16. 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 #