CITY AND BOROUGH OF JUNEAU

Reporting Period	Account Number	Due By

Sales Tax Return Form

CBJ USE ONLY

Returns & Remittances may be submitted:

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

$ _____

AMOUNT REMITTED
CHECKS PAYABLE TO CBJ

DO NOT DETACH **DO NOT DETACH** **DO NOT DETACH**

☐ CHECK HERE IF NO BUSINESS ACTIVITY THIS PERIOD. YOU MUST ALSO SIGN, DATE AND RETURN FORM TIMELY TO AVOID LATE FILING FEE.

		Areawide Sales
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:	
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3.	**TOTAL EXEMPT SALES** (Total of lines 2A to G)	( )
4.	**NET TAXABLE SALES** (Line 1 less line 3)	
5.	**SALES TAX** (Multiply line 4 by 5%)	
6.	**OPTIONAL DISCOUNT IF FILED AND PAID TIMELY** *$30 flat discount only available for returns filed online with eGovern.*	(Online Filers Only) (See Instructions)
7.	Credits from prior periods. Should be verified with Sales Tax Office before applying	( )
8.	Late fee ($25)	
9.	Late payment penalty and interest **(FOR THIS RETURN ONLY)**	
10.	**SUBTOTAL AMOUNT** (Summary of lines 5 through 9)	

11. Deposit Summary:	Date Paid	Tax Due	Deposit Paid	
A. 1st month of quarter				
B. 2nd month of quarter				
C. 3rd month of quarter				
D. Total deposits paid				( )

12.	**TOTAL AMOUNT DUE WITH RETURN** (Subtract line 11D from line 10)	
13.	**ACCOUNT CHANGES**	
	A. New Address:	
	B. Name Change:	
	C. Business Closure Date:	Consider this filing a final return. ☐ **Yes** ☐ **No**
	D. Business Sold or Transferred, please provide the following:	
	Sale or Transfer Date:	New Owners/Address:

Business Name	Reporting Period	Account Number

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14. 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, TITLE **DATE** **CONTACT PHONE #**

PLEASE REMEMBER TO MAKE A COPY FOR YOUR RECORDS