CITY AND BOROUGH OF JUNEAU

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 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 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** ***$30 flat discount for ONLINE FILERS ONLY. Discount can reduce tax to zero but cannot create a credit.***			(Online Filers Only) *(See Instructions)*
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	Reporting Period	Account Number

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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 #