

Sales Tax Return

(CHAPTER 4.28 OF PETERSBURG BOROUGH CODE)

Petersburg Borough, P.O. Box 329, Petersburg, AK 99833 tel: 907.772.4425 ext. 28

For the Month Ending _____

PAYMENT MUST BE MADE WITHIN ONE (1) MONTH AFTER MONTH OF RETURN DATE. Return may be delivered to the Petersburg Borough Finance Office, or mailed to the address above. To avoid penalty and interest charges, return must be postmarked on or before the last day of the month the return is due.

BUSINESS NAME (PRINT) Phone # _____ (As it appears on Business Application)	MAILING ADDRESS (PRINT)
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1. TOTAL SALES (NOT INCLUDING SALES TAX)	\$ _____
EXEMPT SALES	
<u>Elderly</u> \$ _____ <u>Government</u> \$ _____ <u>Resale</u> \$ _____ <u>Outside Borough.</u> \$ _____ <u>Other</u> (List type) _____ \$ _____ <u>Other</u> (List type) _____ \$ _____ <u>Other</u> (List type) _____ \$ _____ <u>Portion of sales over \$1200</u> \$ _____	(for example: for an \$1800 sale, only the first \$1200 is taxable; the remainder is exempt)
2. TOTAL EXEMPT SALES (sum of above)	\$ _____
3. TOTAL SALES SUBJECT TO TAX (LINE 1 MINUS LINE 2.)	\$ _____
4. SALES TAX AT 6% (line 3 x 6%)	\$ _____
LATE PAYMENT	
5. Penalty (8% per month, or fraction thereof, if return or payment is not made when due. Maximum penalty 32%)	\$ _____
6. Interest (10.5% per year if payment not made when due)	\$ _____
7. TOTAL PENALTY AND INTEREST	\$ _____
EARLY PAYMENT	
8. Compensatory Discount (one (1%) of <u>tax due</u> ; maximum \$50 if paid by the 15 th of the month succeeding the month in which tax was collected.)	\$ _____
TOTAL PAYMENT (line 4 plus line 7, <u>OR</u> line 4 minus line 8)	\$ _____

Signature of owner or authorized agent _____ **Date** _____
I certify that the financial information reported on this form is true and correct

I will not be conducting business in Petersburg	FROM	THROUGH
THIS IS A FINAL RETURN – BUSINESS CLOSED	YES	NO

Office Only
 Amount Paid _____ Check No. _____ Cash Initials _____