

CITY OF SAND POINT
Sales Tax Report

Name: _____ Business: _____

Address: _____ Phone: _____

_____ Report Year: _____

REPORTING PERIOD: (Report due by the 15th of the month following quarter or month checked)

Report quarterly if your total sales for the the previous year were LESS THAN \$100,000

QUARTERLY: Jan-Mar April-June July-Sept Oct-Dec

Report monthly if your total sales for the the previous year were MORE THAN \$100,000

MONTHLY: Jan Feb Mar April May June
 July Aug Sept Oct Nov Dec

DETERMINATION OF TAX DUE:

1) TOTAL GROSS RECEIPTS (Including Sales tax collected)..... \$ _____

2) TOTAL NON-TAXABLE (EXEMPT) RECEIPTS..... \$ _____
(Refer to City Code 6.10.150 for definition of exempt)

3) ADJUSTED GROSS RECEIPTS (Subtract line 2 from line 1)..... \$ _____

4) TAXABLE GROSS RECEIPTS (Divide line 3 by 1.04)..... \$ _____

5) **SALES TAX DUE** (Multiply line 4 by .04)..... \$ _____

6) **INTEREST OR PENALTIES DUE** (If applicable)..... \$ _____
(Multiply line 5 by .05, then multiply by the number of months late)
Late payments are subject to a penalty of 5% of the tax due for each month payment
is late or if no return is filed. Late payments are also subject to interest at 12% per annum.

7) **TOTAL SALES TAX AMOUNT DUE** (Add lines 5 and 6)..... \$ _____

Printed Name: _____ Date: _____

SIGNATURE: _____

Mail or return to: City of Sand Point
P.O. Box 249
Sand Point, Alaska 99661
(907) 383-2696 FAX (907) 383-2698