

**CITY OF SAND POINT  
Fish Tax Report**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Business: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Report Year: \_\_\_\_\_

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

**QUARTERLY:** Report quarterly if your total sales for the the previous year were LESS THAN \$100,000  
( ) Jan-Mar ( ) Apr-Jun ( ) July-Sep ( ) Oct-Dec

**MONTHLY:** Report monthly if your total sales for the the previous year were MORE THAN \$100,000  
( ) 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) **SALES TAX DUE** (Multiply line 4 by .02)----- \$ -

5) **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.

6) **TOTAL SALES TAX AMOUNT DUE** (Add lines 5 and 6)----- \$ -

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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