

City of Gustavus
P.O. Box 1 Gustavus, Alaska 99826
Room Tax and Sales Tax Return

Business: _____

Address: _____

Phone/email: _____

Calendar Year:

Check one box - you must choose monthly or quarterly reporting

1. Gross Room Sales (Do not include tax collected)	<input type="text"/>
2. Exempt Room Sales (Fill out Tax2 Form)	<input type="text"/>
3. Net Taxable Room Sales (Line 1 minus Line 2)	<input type="text"/>
4. Total Bed Tax Due (Line 3 x 4%)	<input type="text"/>
5. Gross Retail Sales (Do not include Bed or Sales Tax)	<input type="text"/>
6. Exempt Retail Sales (Fill out Tax2 Form)	<input type="text"/>
7. Net Taxable Retail Sales (Line 5 minus Line 6)	<input type="text"/>
8. Total Retail Sales Tax Due (Line 7 x 3%)	<input type="text"/>
9. Total Tax Due (Line 4 + Line 8)	<input type="text"/>
10. 2% Seller's Compensation Discount Subtract 2% of total tax due if this return is on time and you are current on previous returns & taxes. May not exceed \$100.00 in any reporting period.	<input type="text"/>
11. Penalty (5% per month up to 25% of month total)	<input type="text"/>
12. Interest (15% per year)	<input type="text"/>
13. Total Amount Due & Paid With Return	<input type="text"/>

CHECK HERE IF NO BUSINESS ACTIVITY OCCURRED THIS PERIOD. RETURN SIGNED FORM TO CITY HALL.

Completed forms and tax due are to be received in the City Treasurer's office on or before the last day of the month following the month that is being reported. If the last day falls on a weekend, Federal, State, or City Holiday the due date will be extended to the next business day.

Declaration: I declare that this return and any accompanying statement has been prepared and examined by me, and to the best of my knowledge is a true, correct and complete return. ***This return must be signed.***

Owner or Agent_____
Date