

REPORT FOR: QUARTER _____ YEAR: _____

ACCOUNT _____



**COMBINED CITY AND BOROUGH
SALES TAX REPORT
KETCHIKAN GATEWAY BOROUGH**

1900 FIRST AVENUE, SUITE 118
KETCHIKAN, ALASKA 99901
PHONE (907) 228-6609
FAX (907) 228-6698
<http://www.kgbak.us>

IF CHANGE OF OWNER, FIRM NAME OR ADDRESS:

Name: _____
Address: _____
City: _____ State _____ Zip _____

IF THIS IS A FINAL RETURN:

Date Business discontinued: _____
Reason: _____
Location of Records: _____

1. Gross receipts (not including tax)

of Apartments(s) rented ____ / \$ ____ per month

2. Less returns and allowances

3. Gross receipts (not including tax)

4. Deduction: A) Sales to government agencies (*)

B) Single unit sales & Commercial rents over \$2,000 (*)

C) Senior citizen exemptions (*)

D) Non-profit organizations exemption (*)

E) Sales for resale (wholesale sales) (*)

F) Other claimed exemptions (*)

G) Residential rents over \$1,000 (*) Note: Inside City of Ketchikan residential rents year round rate of 0.55

5. Total exemptions claimed

6. Net taxable receipts (line 3 less line 5)

Apply these percentages to obtain tax due

7. Total tax due on net taxable receipts

8. Combined sales tax due to Ketchikan, Saxman, and Borough (add lines 7B, 7C, 7D & E) column F, columns M and N marijuana taxes only

* ATTACH EXPLANATION IF DEDUCTION IS TAKEN

Full payment must accompany this report

NOTE: Quarterly and monthly returns may be accepted based upon a timely postmark only if the return receives a United States Postal Service cancellation on or before the due date. (1) Unless required to file monthly under KGBC 4.50.080(b) or subsection (c) of this section, the tax levied by this title is due and payable at the expiration of each quarter of each calendar year. The completed executed return, together with remittance in full for the amount of the tax due, shall be transmitted to and received by a borough employee working in the finance department on or before 5:00 p.m., local time, on the last day of the month succeeding the end of each said quarter. If the last day of the month succeeding the end of a quarter is a Saturday, Sunday or borough holiday, the completed executed return and amount of the tax due shall be transmitted and received by 5:00 p.m. local time on the next business day.

9. Penalty: 1% of tax due the first 7 workings days delinquent, 15% thereafter, plus 5% per month until 25% has accrued.

10. Interest: 12% per annum from date of delinquency until paid (of line 8) - 1% per month

11a. Total sales tax, penalty and interest and total marijuana tax, penalty and interest amount

11b. Total combined amount remitted herewith

Note to Borough staff:

____ This is a seasonal business. Please file no activity returns on our behalf for the following quarters: _____

I understand that I must file amended returns if sales occur during the quarters listed.

A	B	C	D	E	F	M	N	
Non-taxable Sales Outside City & Borough	Borough Outside Cities	Inside City of Saxman	Inside City of Ketchikan October through March	Inside City of Ketchikan April through September	Total Sales A+B+C+D+E	Sales of Marijuana Products Inside City of Ketchikan	Sales of Marijuana Products Outside City of Ketchikan	
-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	
-	2.50%	6.50%	5.50%	8.00%	-	5.00%	5.00%	
-	-	-	-	-	-	-	-	
Total tax due:					\$ -	\$ -	\$ -	
						Calculate and enter interest and penalties below if required.	Calculate and enter interest and penalties below if required.	Calculate and enter interest and penalties below if required.
						-	-	-
						-	-	-
11a.						\$ -	\$ -	\$ -
11b.						\$ -	\$ -	\$ -

See Instructions for marijuana taxes

I declare, subject to the penalties prescribed in the ordinances of the Cities of Ketchikan and Saxman, and the Ketchikan Gateway Borough, that this return, (including any accompanying statement) has been by me, and to the best of my knowledge and belief, is a true, correct and complete return. In accordance with KGB Code 5.120.050 any misuse of Sale Tax will be cited.

By/Title _____ Contact No. _____ Date _____