

CITY & BOROUGH OF YAKUTAT
P. O. BOX 160, YAKUTAT, AK 99689
1-907-784-3323 Ext. 106, Fax 907-784-3281
www.yakutatak.us

Quarter Ending: _____
 Delinquent after: _____

DISREGARD ITEMS NOT APPLICABLE TO YOUR BUSINESS

SALES

- 1. GROSS REVENUE FROM RETAIL SALES..... _____
- 2. GROSS REVENUE FROM RENTAL (LODGING, BOAT, ETC.)..... _____
- 3. GROSS REVENUE FROM SERVICES..... _____
- 4. LESS EXEMPTIONS CBY CODE 6.40.030
 EXEMPTION LOG MUST BE ITEMIZED AND ATTACHED TO RETURN.. _____
- 5. NET TAXABLE REVENUE..... _____
- 6. COMPUTATION OF TAX 5%..... _____
- 7. PENALTY: 5%-1st MOS., 10%-2nd MOS., 15%-3rd OR MORE MOS. LATE.....
 & INTEREST: 15% ANNUALLY: (tax X 15% ÷ by 365 X # of days delinquent.) _____
- 8. DISCOUNT: 4% OF TAX OR \$100.00 MAXIMUM (Whichever is less)
 Only allowed if account is complete and up to date. _____
- 9. TOTAL SALES TAX REMITTED..... _____

TRANSIENT ACCOMMODATION (BED)

- 1. GROSS REVENUE FROM LODGING..... _____
- 2. LESS EXEMPTION CBY CODE 6.52.040
 EXEMPTION LOG MUST BE ITEMIZED AND ATTACHED TO RETURN.. _____
- 3. NET TAXABLE REVENUE..... _____
- 4. COMPUTATION OF TAX 8%..... _____
- 5. PENALTY: 5%-1st MOS., 10%-2nd MOS., 15%-3rd MOS. OR MORE LATE.....
 & INTEREST:15% ANNUALLY: Tax X 15% ÷ by 365 X # of days delinquent). _____
- 6. TOTAL ACCOMMODATION TAX REMITTED..... _____

VEHICLE RENTAL

- 1. GROSS REVENUE FROM VEHICLE RENTAL..... _____
- 2. LESS EXEMPTION CBY CODE 6.52.040
 EXEMPTION LOG MUST BE ITEMIZED AND ATTACHED TO RETURN _____
- 3. NET TAXABLE REVENUE..... _____
- 4. COMPUTATION OF TAX 8%..... _____
- 5. PENALTY: 5%-1st MOS., 10%-2nd MOS. 15%-3rd MOS. OR MORE LATE.....
 & INTEREST:15% ANNUALLY: (Tax X 15% ÷ by 365 X # of days delinquent) _____
- 6. TOTAL VEHICLE RENTAL REMITTED..... _____

GRAND TOTAL COMBINED TAXES PAID..... _____

I declare, subject to penalties prescribed in the Code of the CBY that this return (including attachments) has been examined by me and to the best of my knowledge and belief is true, correct and complete. Taxes are due one month after the end of each quarter & delinquent thereafter.

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

DATE _____	BY _____	OK AS SUBMITTED _____	MORE INFO REQ. _____	CHECK # _____
CASH AMT. _____	RECEIPT _____	PMT. _____	PEN _____ %	DUE _____