



**City of Craig**  
PO Box 725 Craig, AK 99921  
(907)826-3275

## Sales Tax Return

Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_

For Quarter Ending: \_\_\_\_\_

1. Gross Receipts - Sale  
Example: Retail Sales of merchandise (clothing, groceries, sporting goods, etc.) \_\_\_\_\_
2. Gross Receipts - Rents  
Example: Hotels, lodges, car rentals, property rentals, equipment rentals, etc. \_\_\_\_\_
3. Gross Receipts - Services  
Example: Charters, restaurants, janitorial, fuel, freight deliveries, welding, hair salons, taxi, etc. \_\_\_\_\_
4. Allowable Exemptions (Sr. citizen, govt. agency) \_\_\_\_\_
5. Total taxable Sales, Rentals, Services (Total of lines 1+2+3-4) \_\_\_\_\_
6. Computation of Tax (5% of Line 5) \_\_\_\_\_
7. Gross Receipts - Liquor Sales \_\_\_\_\_
8. Computation of Liquor Tax (6% of Line 7) \_\_\_\_\_
9. Total Amount of Sales Tax Remitted (Total of Lines 6+8) \_\_\_\_\_

10 percent penalty if not postmarked by the end of the month following the end of the quarter. 10 percent each additional month up to 30 percent; plus interest at 15 percent per annum.

I declare, subject to the penalties prescribed in City Municipal Code 3.08, that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Member of firm, owner or authorized agent \_\_\_\_\_ Date \_\_\_\_\_

### COMPLETE THIS SECTION ONLY IF THIS IS A FINAL RETURN

Date Business Discontinued: \_\_\_\_\_

Reason Business Discontinued: \_\_\_\_\_

Name/Address of Purchaser: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

If Mailed, Postmark Date: \_\_\_\_\_ Cash \_\_\_\_\_

Check No.: \_\_\_\_\_ Amount Remitted: \_\_\_\_\_