



City of Craig

P.O. Box 725
Craig, AK 99921

(907) 826-3275
www.craigak.com

SALES TAX AND TRANSIENT ROOM TAX RETURN

Name: _____

For Quarter Ending: _____

Due By: _____

Phone: _____ Account #: _____

1. Total Sales/Rentals \$ _____

Exempt Sales/Rentals

Senior Citizens \$ _____

Government \$ _____

Boat/Vehicles > \$5000 \$ _____

Resale \$ _____

NonProfit \$ _____

Out of Town \$ _____

2. Total Exempt Sales \$ _____
(sum of above)

3. Total Taxable Receipts \$ _____
(Line 1 - Line 2)

4. Computation of Tax \$ _____
(5% of Line 3)

5. Gross Receipts - Liquor Sales \$ _____

6. Computation of Liquor Tax \$ _____
(6% of Line 5)

7. Total Transient Rooms Occupied _____

8. Federal or State Exemption _____

9. Computation of Tax \$ _____
\$5 per room(line 7 - Line 8)

10. Gross Receipts Marijuana Sales \$ _____

11. Computation of Tax (10% of Line 10) \$ _____

12. Total Amount of Tax Due (Line 4 + Line 6 + Line 9 + Line 11) \$ _____

LATE PAYMENT

Penalty (10 % penalty per month if not paid when due, Maximum penalty 30 %) \$ _____

Interest (15% per year if payment not made when due) \$ _____

TOTAL PAYMENT

\$ _____

I declare, subject to 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.

Signature _____
Member of Firm, Owner, or Authorized Agent

Date _____

THIS IS A FINAL RETURN - BUSINESS CLOSED
YES NO (circle one)

OFFICE ONLY

DATE RECEIVED: _____ AMOUNT PAID: _____

IF MAILED, POSTMARK DATE: _____

CASH CHECK, CrCARD (circle one) BY: _____