City of Aniak

P.O. Box 189
Aniak, Alaska 99557
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CITY OF ANIAK, ALASKA
Sales Tax on Sales and Services

The tax shall be payable at the end of each quarter and shall be past due on the last day of the month following the end of the quarter

For Quarter Ending _____
Type of Business _____

Business Name: _____ Business License # _____
Address: _____ Contact Phone # _____
_____ Email Address: _____

Sales Tax Calculation:

1.	Gross Sales Tax Sales	$_____
2.	Non-taxable Sales	$_____
3.	Revenue from all Taxable Transactions	$_____
4.	**2% Sales Tax Due (.02 x line 3)**	$_____
5.	Interest, and/or Penalties	$_____
6.	Deducted for Administration	$_____
7.	**Total Sales Tax Remitted**	$_____

Bed Tax & Per Person Calculation:

1.	Gross Sales of Transient Lodging	$ _____
2.	Non-taxable Transient Lodging	$ _____
3.	Revenue from all Taxable Lodging Transactions	$ _____
4.	**2% Sales Tax Due for lodging (.02 x line 3)**	$ _____
5.	Total # count of per person, per night subject to Bed Tax:	
	Month 1: _____ Month 2: _____ Month 3: _____ Overall Total: _____	
6.	Flat Rate Bed Tax Due ($10 x line 5)	$ _____
7.	Interest, and /or Penalties	$ _____
8.	Total Sales & Bed Tax Fees Remitted for Lodging (line 4 + line 6)	$ _____

I declare, under penalty of perjury, that this return (and any accompanying statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

_____ _____
Owner or Agent of Business Date

_____
Printed Name

Mail the original form to the City of Aniak, P.O. Box 189 Aniak, Alaska 99557 with remittance of tax.
Please retain a duplicate for your files.