Room & Sales Tax Return

City of Gustavus
P.O. Box 1 Gustavus, Alaska 99826
Phone: 907-697-2451 Fax 907-697-2136
Email: treasurer@gustavus-ak.gov

FORM
TAX1-2023

Business: _____

Address: _____

Email: _____

Phone: _____

Calendar Year _____
Monthly Filers:
   Month Ending: _____
_____
Quarterly Filers (check one):
☐ Q1 – Jan., Feb., Mar.
☐ Q2 – April, May, June
☐ Q3 – July, Aug., Sept.
☐ Q4 – Oct., Nov., Dec.

1. Gross Room Sales (Do not include tax collected)	1.	$
2. Exempt Room Sales (Fill out Tax2 Form)	2.	$
3. Net Taxable Room Sales (Line 1 minus Line 2)	3.	$
4. Total Room Tax Due (Line 3 x 4%)	4.	$
5. Gross Retail Sales (Do not include Room or Sales Tax)	5.	$
6. Exempt Retail Sales (Fill out Tax2 Form) *Including customer payments for fish box stickers	6.	$
7. Net Taxable Retail Sales (Line 5 minus Line 6)	7.	$
8. Total Retail Sales Tax Due (Line 7 x 3%)	8.	$
9. Total Room & Retail Tax Due (Line 4 + Line 8)	9.	$
10. 2% Seller's Compensation Discount (Line 9 x 2%) Subtract 2% of total room and retail tax due if this return is paid within the month due and you are current on previous returns & taxes. May not exceed $100.00 in any reporting period.	10.	$
11. Total Tax Due (Line 9 minus Line 10)	11.	$
12. Penalty (5% of Line 9 per month, up to 25% total) *If tax not paid within the month following the reporting period.	12.	$
13. Interest (1.25% of Line 9 per month/15% per year) *If tax not paid within the month following the reporting period.	13.	$
14. Total Amount Due & Paid with Return	14.	$

☐ CHECK HERE IF NO BUSINESS ACTIVITY OCCURRED THIS PERIOD. RETURN SIGNED FORM TO CITY HALL.

Completed forms and tax due are to be received at City Hall on or before the last day of the month following the month that is being reported. If the last day falls on a weekend, Federal, State, or City Holiday, the due date will be extended to the next business day.

I DECLARE THAT THIS RETURN AND ANY ACCOMPANYING STATEMENT HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE RETURN. *This return must be signed.*

Signature_____ Print Name_____ Date_____