

**CITY OF ANGOON
BED TAX QUARTERLY REPORTING FORM
Effective 09/28/2016 - Current**



BUSINESS NAME AND ADDRESS.....

REPORTING PERIOD (Quarter and Year):..... **Quarter:**..... **Year:**.....

ALASKA BUSINESS LICENSE #:.....

CITY OF ANGOON TAX CERTIFICATE #.....

Angoon Municipal Code Chapter 4.52.020 – Imposition; amount of bed tax

There shall be levied and collected a tax on the purchase of all rooms or lodging made within the city equal to five percent of the selling price. For businesses that charge \$100.00, but not less than \$100.00 per day, the 5% charge remains. For businesses that do not define the cost per bed in package deals, a flat rate of \$12.00 per bed per day applies.

1A. Total All Non-Package Sales of Rentals or Lodging..... **\$**.....

OR

1B. Count All Packaged Sales, By Bed/Night..... **#** **Beds *** **Nights =**.....

2A. Total Federal/State Exempt Non-Package Lodging Sales..... **\$**.....

OR

2B. Count Federal/State Exempt Package Lodging Sales..... **#** **Beds *** **Nights =**.....

3A. Total Taxable Non-Package Lodging Sales..... **\$**.....

OR

3B. Count Taxable Package Lodging Sales..... **#** **Beds *** **Nights =**.....

4A. Total Amount of Non-Package Sale Tax Remittance..... **\$**.....

(Line 1A – Line 2A) X .05

OR

4B. Total Amount of Package Sale Tax Remittance..... **\$**.....

(Line 1B – Line 2B) X \$12

Please make check(s) payable to: City of Angoon

Sign below after reading and filling out this form:

I declare, subject to the penalties prescribed by Angoon Municipal Code 4.52.060, that this return (including any accompanying statement) has been examined by me, and to the best of my knowledge, is a true, correct, and complete form.

FIRM OPERATOR, OWNER, OR AGENT

DATE