

**CITY OF ANGOON  
SALES TAX QUARTERLY REPORTING FORM  
Effective 12/15/1998 To 2/11/2016**



**BUSINESS NAME AND ADDRESS**.....

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

**ALASKA BUSINESS LICENSE #:**.....

**CITY OF ANGOON TAX CERTIFICATE #**.....

**Angoon Municipal Code Chapter 4.44.020 – Imposition; amount**

A. There shall be levied and collected a tax on retail sales and services made within the city equal to three percent of the selling price when such price amounts to twenty cents or more.  
 B. The sales tax shall be levied and collected on all service, including, but not limited to, the renting of rooms, apartments or houses; the sale of meals and/or beverages served upon the premises of any restaurant, hotel or the like; the sale of tickets or receipt of fees for entrance into any movie theater, live performance, sporting event, or the like; and the rental of any automobile or taxicab.

**1. All Sales:**..... **\$**.....

- a. Total Number of Sales Between \$.025 - \$.074:..... \* .01 = **\$**.....
- b. Total Number of Sales Between \$.075 - \$1.24:..... \* .02 = **\$**.....
- c. Total Number of Sales Between \$.025 - \$1.74:..... \* .03 = **\$**.....
- d. Total Number of Sales Between \$.025 - \$0.74:..... \* .04 = **\$**.....
- e. Total Number of Sales Between \$.025 - \$2.74:..... \* .05 = **\$**.....
- f. Total Number of Sales Between \$.025 - \$0.74:..... \* .06 = **\$**.....
- g. Total Number of Sales Between \$.025 - \$3.74:..... \* .07 = **\$**.....
- h. Total Number of Sales Between \$.025 - \$0.74:..... \* .08 = **\$**.....
- i. Total Number of Sales Between \$.025 - \$4.74:..... \* .09 = **\$**.....
- j. Total Number of Sales Between \$.025 - \$4.99:..... \* .10 = **\$**.....
- k. Total of All Sales over \$4.99\*..... **\$**.....

**2. All Non-Taxable Sales:**..... **\$**.....  
 (Total sum of 2a – 2d)

- a. Total Sum of WIC Sales:..... **\$**.....
- b. Total Sum of Food Stamp Sales:..... **\$**.....
- c. Total Sum of Energy Assistance Program Sales..... **\$**.....
- d. Total Sum of Sales to Customers Aged 65+:..... **\$**.....

**3. Total Taxable Sales:**..... **\$**.....  
 (Number 1 – Number 2)

**4. Total Amount of Remittance:**..... **\$**.....  
 (Number 3 X .03)

**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 4.44.070, 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