

CITY OF NORTH POLE SALES TAX RETURN

This return must be received, with payment, by the last day of the following month taxes were collected to:



CITY OF NORTH POLE
125 SNOWMAN LANE
NORTH POLE, AK 99705

Please type or print business name

and address:

PERIOD ENDING: _____

ACCT. NUMBER: _____

☐ Check here if change of address/phone number. New owners must apply for business license.

1. Gross Sales for Month: _____ \$ _____
2. Credit Card Service Fees \$ _____
3. Non-Taxable Sales (see chp.4, Sec. 4.08.020 & 4.08.050 of North Pole Code) \$ _____
4. Gross Taxable Sales \$ _____
(Subtract lines two and three from line one, show difference here)
5. Sales Tax Due (4% of line four) \$ _____
(Multiply line four by 4%, show amount here)
6. Penalties (Calculate the following charges based on line five)
 - a. Returns 1 - 30 days past due add \$25 or 10% of sales tax due, whichever is greater, in addition to the total amount due
Incomplete returns add an additional penalty of \$15. \$ _____
 - b. Returns 31 - 60 days past due add \$50 or 20% of sales tax due, whichever is greater, in addition to all previous fees and penalties. Incomplete returns will incur an additional penalty of \$15. \$ _____
 - c. Returns 61 days past due will incur a reoccurring monthly fee of \$50 in addition to all previous fees, interest and penalties. Sellers failing to file complete returns & full remittance will be subject to revocation of their business license and a lien against the seller's property or a class A misdemeanor upon council approval. \$ _____
7. **TOTAL PENALTIES DUE** \$ _____
8. **TOTAL SALES TAX/PENALTIES DUE** \$ _____
(Add lines 5,6 & 7 show amount here)

Interest at the rate of 15% per annum, applied monthly, shall accrue on all delinquent taxes, fees, and penalties starting from the due date until paid in full.

I DECLARE, SUBJECT TO THE PENALTIES PRESCRIBED, THAT THIS RETURN (INCLUDING ACCOMPANYING STATEMENTS) HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT, AND COMPLETE RETURN.

Date: _____

Owner/Agent: _____