

CITY OF NORTH POLE ALCOHOL TAX RETURN

Please remit form and payment to:



CITY OF NORTH POLE
125 SNOWMAN LANE
NORTH POLE, AK 99705
PH: (907) 488-2281
FAX: (907) 488-3002

BUSINESS NAME: _____

Date: _____

EMAIL: _____

Acct. Number: _____

PHONE: _____

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

1. Gross Sales for the **Month Ending:** _____ \$ _____
2. Subtract Bank Credit Card Service Fees \$ _____
3. Subtract Non-Taxable Sales \$ _____
(See Chapter 4, Section 4.08.050 of North Pole Code)
4. Gross Taxable Sales \$ _____
(Line one minus line two and minus line three, show difference here)
5. Sales Tax Due (6% of line four) \$ _____
(Multiply line four by .06 or 6%, show amount here)
6. Application of Fees and Penalties (Calculate the following charges based on line five) \$ _____
 - a. Returns less than 30 days past due add \$25.00 or up to the maximum rate allowed by law, .00875 of sales tax due, whichever is greater. Incomplete returns add an additional \$ penalty of \$15.00 _____
 - b. Returns 30 - 60 days past due add \$50.00 or up to the maximum rate allowed by law, .00875 of sales tax due, whichever is greater, in addition to all previous fees, interest and penalties of 6.a. \$ _____
 - c. Returns 61 days past due will incur a reoccurring monthly fee of \$50.00, in addition to all previous fees, interest, and penalties of 6.a. and 6.b. \$ _____
7. **TOTAL PENALTIES DUE (Sum of 6.a., 6.b., and 6.c.)** \$ _____
8. **TOTAL SALES TAX/PENALTIES DUE** \$ _____
(Add lines five and seven, show amount here)

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 BELIEVE IS A TRUE, CORRECT, AND COMPLETE RETURN.

Date: _____

Owner/Agent: _____