

Talkeetna Area 36 Service Area Sales Tax

Matanuska-Susitna Borough Code 3.70 details the application, exceptions, collections & payment of sales tax.

ALL RETURNS MUST BE FILED – INCLUDING ZERO SALES

Business Name: _____ Owner: _____ Account number: _____

Mailing Address: _____ Contact Number: _____

Email address: _____

****Please notify the Sales and Excise office of any changes to contact or owner information right away.**

See reverse side if business was sold or has closed.

REPORTING PERIOD	DUE DATE	Zero Filing
<input type="checkbox"/> Quarter 1: January 1 st – March 31 st	Not starting Quarterly returns until April 2024	<input type="checkbox"/>
<input type="checkbox"/> Quarter 2: April 1 st – June 30 th	July 31 st , 2024	<input type="checkbox"/>
<input type="checkbox"/> Quarter 3: July 1 st – September 30 th	October 31 st , 2024	<input type="checkbox"/>
<input type="checkbox"/> Quarter 4: October 1 st – December 31 st	January 31 st , 2025	<input type="checkbox"/>

Location of Business: _____ Type of business: _____

1. Taxable gross sales: (be sure all sales tax and bed tax are removed prior)

Gross Sales \$ _____

2. Exempt sales: Use exemption log on the back of this sheet, add additional if necessary.

******Exemption information is required for all exempt sales. Incomplete forms will be returned.**

- a. Sales to Government Agencies \$ _____
- b. Sales to Non-Profit Organizations \$ _____
- c. Sales for Resale (Wholesale) \$ _____
- d. Sales over first \$1,000 (Total over) \$ _____
- e. Other claimed exemptions \$ _____

Total Exemptions \$ _____

3. Net Taxable sales: Subtract Total Exemptions from Gross Sales

Total Net Sales \$ _____

4. Sales Tax Due: Multiply .03 or 3% of Net Sales

Sales Tax Due \$ _____

5. Adjustments: Adjustment date: _____

- a. Penalty for Late Payment: 5% per month not over 25%

i. Number of Months _____

a. Total Penalty \$ _____

- b. Interest for late payment: 15% of Sales Tax Due, divided by 365, multiplied by days late

i. Number of days Late _____

a. Total Interest \$ _____

- c. Other adjustments from Prior Months

i. Credit \$ _____

ii. Balance Due \$ _____

a. Other Adjustments \$ _____

Total Adjustments \$ _____

6. Total Sales Tax Due

Total Due \$ _____

Remit this form with payment to:

MSB or Matsu Borough at 350 E. Dahlia Ave, Palmer AK 99546 or go online at [Matsugov.us/pay](https://matsugov.us/pay)

I certify under penalty of perjury that this return (including any accompanying statement) has been examined by me and to the best of my knowledge and belief is a true, correct and complete tax return.

Signature: _____ Title: _____ Date: _____

Print: _____ Email: _____ Phone: _____

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Exemption Log

Date	Exemption Number	Name Customer/Organization	Exempt Agencies	Exempt Non-Profits	Exempt Wholesale	Exempt transaction over 1,000	Other claimed exemptions
Total for each exemption type							
Transfer each to corresponding line on return			Exempt a	Exempt b	Exempt c	Exempt d	Exempt e

General Information:

All Tax returns must be completely filled out and returned by the due date listed on this form.

Incomplete forms will be returned and may accrue additional penalties or interests.

All exemptions must be listed on the Exemption Log. Please use additional sheets if necessary.

All returns for which sales tax has not been timely reported will incur penalties and interest as stated in Borough Code 3.70

For assistance in completing this form, please contact the Sales and Excise office at 907-861-8413.

Please complete if business has closed or is sold.

Closed or Sold Business information

Date Closed			
Date Sold		Business Sold to	

I certify that the changes in ownership have occurred.

Signature: _____ Title: _____ Date: _____

Print: _____ Email: _____ Phone: _____