

# 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 <sup>st</sup> – March 31 <sup>st</sup>	Not starting Quarterly returns until April 2024	<input type="checkbox"/>
<input type="checkbox"/> Quarter 2: April 1 <sup>st</sup> – June 30 <sup>th</sup>	July 30 <sup>st</sup> , 2024	<input type="checkbox"/>
<input type="checkbox"/> Quarter 3: July 1 <sup>st</sup> – September 30 <sup>th</sup>	October 30 <sup>st</sup> , 2024	<input type="checkbox"/>
<input type="checkbox"/> Quarter 4: October 1 <sup>st</sup> – December 31 <sup>st</sup>	January 30 <sup>st</sup> , 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: \_\_\_\_\_

