



CITY OF DILLINGHAM 6% SALES TAX REPORTING FORM

Reports must be filed by the last day of the calendar month of collection following the month of collection, or not later than the first day City Hall is open for regular business. A postmark will be accepted as proof of timely filing.

Please type or print legibly

Business Name _____ Business ID No. _____

Mailing Address _____ FIN, EIN or SSN _____

<u>Type of Report:</u>	Seasonal	Last Report for Season	Final Report
	Monthly	Quarterly	Period Ending: Month _____ Year _____

1. **Gross Sales** (Do not include sales tax collected.) _____ (1)
Receipts from all sources including, but not limited to, retail sales of merchandise, services rendered, including material furnished, rental of property and equipment.
2. **Less All Non-Taxable Sales** (Include Sales Tax Exemption Log.) _____ (2)
 - a. Sales to Exempt Organizations _____
 - b. Exempt Sales (e.g. Food Stamps, WIC, Resale) _____
 - c. Sales in Excess of \$2,000 (Enter amount of excess only and attach log.) _____
3. **Net Taxable Sales** (Subtract Line 2 from Line 1) _____ (3)
4. **Amount of Tax Due** (6% of Line 3) _____ (4)
5. **Penalty** (Late Filing - 10% of tax due Line 4, per DMC 4.20.220.B) _____ (5)
6. **Interest** (Late Filing - 6% per annum from date of delinquency per DMC 4.20.220) _____ (6)
7. **Total Penalty and Interest** (Total of lines 5 and 6) _____ (7)
8. **Adjustments from Previous Month** _____ (8)
9. **Total Lines 4, 7 and 8** _____ (9)
10. **Less Collection Discount** (1% of Line 4 not to exceed \$100 if paid on time, and if past due sales tax or penalties are not due, and there are no existing sales tax related delinquencies.) _____ (10)
11. **Total Due** (Subtract line 10 from line 9) _____ (11)
12. **Total Amount Remitted** _____ (12)

I declare, subject to the penalties prescribed in the City of Dillingham ordinances, that this report (including any accompany log) has been examined by me, and to the best of my knowledge and belief is a true, correct and complete report.

Date _____ SIGNATURE _____

This section is to be completed by City of Dillingham Finance Department. Visa Cash

Employee Initials _____ Postmark Date _____ Enter Date _____ Check # _____