

## CITY OF DILLINGHAM 10% SALES TAX REPORTING FORM

**Received Date:** 

## □ Alcohol □ Lodging

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

Bus	siness Name		Bus	iness ID No
Ma	iling Address		Pho	ne
Tyŗ	be of Report:	□ Last Report for Season	□ Final Report	□ Amended Report
		$\Box$ Monthly $\Box$ Quart	erly Period Ending: Month	Year
1.	Receipts from	o not include sales tax collected) all sources including, but not limited red, including material furnished, ren	to, retail sales of merchandise,	(1)
2.	Less All Non-T	axable Sales (Include Sales Tax	x Exemption Log)	(2)
	a. Sales to Exem	pt Organizations		(a)
	b. Exempt Sales	(e.g. Food Stamps, WIC, Resale)		(b)
	c. Sales in Exces	s of \$3,500 (Enter amount of exc	ess only and attach log)	(c)
3.	Net Taxable Sa	les (Subtract Line 2 from Line 1)	)	(3)
4.	Amount of Tax	<b>Due</b> (10% of Line 3)		(4)
5.	Penalty (Late Fi	ling - 10% of tax due Line 4, per	DMC 4.20.220.B)	(5)
6.	Interest (Late Fi	ling - 6% per annum from date of	f delinquency per DMC 4.20.220)	(6)
7.	Total Penalty a	nd Interest (Total of lines 5 and	d 6)	(7)
8.	Total Due (Tota	l lines 4 and 7)		(8)
9.	Credits on acco	ount (contact finance to verify an	nount)	(9)
10.	Total Amount	Remitted (subtract line 9 from li	ine 8)	(10)

## Comments:

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 and adheres to Dillingham Municipal Code 4.20 and/or 4.23.

Date	_Signature			
This section is to be completed by	City of Dillingham F	inance Department.	🗆 Visa	□ Cash
Employee InitialsPostr	nark Date	Enter Date	_□Check #	