



City of North Pole ANNUAL SALES TAX Remittance Form

Payments must accompany tax submission for a complete filing. Tax submissions are for the previous sales month and are due by the last day of the following month by 5 pm (i.e., June sales are filed and paid by July 31). Zero sales months still require a filing to be completed.

Mail To: THE CITY OF NORTH POLE
125 SNOWMAN LANE
NORTH POLE, AK 99705

DATE: _____

BUSINESS LICENSE NUMBER: _____

Phone: 907-488-8536

BUSINESS NAME: _____

Check if your physical address or phone number has changed or the business is closing. Note changes on the back of this form. New owners must apply for a business license.

1. Gross Sales for **ANNUAL Ending:** _____ \$ _____
2. **Credit Card Service Fees** \$ _____
3. **Non-Taxable Sales** (see chp.4, Sec. 4.08.020 & 4.08.050 of North Pole Code) \$ _____
4. **Gross Taxable Sales** \$ _____
(Subtract lines two and three from line one)
5. **Sales Tax Due (5.5% of line four)** (\$16.50 cap per transaction) \$ _____
6. **Fees:** (Calculate the following charges based on line five)
 - a. **Returns 1 - 29 days past due** add \$25 or .00875 of sales tax due, whichever is greater, in addition to the total amount due. **Incomplete returns (filing without payment) add a penalty of \$15** \$ _____
 - b. **Returns 30- 60 days past due** add \$50 or .00875 of sales tax due, whichever is greater, in addition to all previous fees and penalties. Incomplete returns will incur an additional penalty of \$15. \$ _____
 - c. **Returns 61 days past due** will incur a reoccurring monthly fee of \$50 in addition to all previous fees, and interest. Sellers failing to file complete returns & full remittance will be subject to revocation of their business license and a lien against the seller's property will be administered. \$ _____
7. **TOTAL FEES DUE** \$ _____
8. **TOTAL SALES TAX/FEES DUE** \$ _____
(Add lines 5,6 & 7 to show the amount here)

Interest at the rate of 10.5% per annum, applied monthly, shall accrue on all delinquent taxes & fees starting from the due date until paid in full.

I DECLARE, SUBJECT TO THE FEES PRESCRIBED, THAT THIS RETURN (INCLUDING ACCOMPANYING STATEMENTS) HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT, AND COMPLETE RETURN.

DATE: _____

OWNER/AGENT: _____

PHONE: _____

EMAIL: _____