City of North Pole 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
Phone: 907-488-8536

Date: __________
Business License Number: _______________
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 Month 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 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: __________________________________________________