City of North Pole BED 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. Gross Taxable Sales $ ______________
   (Subtract lines two and three from line one)
4. Sales Tax Due (8% of line four) $ ______________

5. 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. $ ______________

6. TOTAL FEES DUE $ ______________

7. TOTAL 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: ____________________________________________