



CITY OF UTQIAGVIK

"Farthest North Incorporated City

City of Utqiagvik (Barrow)
P.O. Box 629
Utqiagvik, AK 99723-0629
Phone(907)852-5211
Fax:(907)852-5214

Hotel Room Tax Return

Year: _____

Submitting Company: _____

JAN FEB MAR APR MAY JUNE JULY AUG SEPT. OCT. NOV. DEC.

1. Gross Sales:-----\$ _____

2. Less Adjustment:

Less month Non-Taxable Sales-----\$ _____

Other

3. Subtotal Adjustments (sum of Line 2a through 2c)-----\$ _____

Other-----\$ _____

4. Adjusted Taxable Sales (Subtract Line 3 from Line 1)-----\$ _____

5. Less Exemption: If any

-----\$ _____

-----\$ _____

6. Subtotal Exemptions (Sum of Line 5a through 5c)-----\$ _____

7. Total Taxable Sales (Subtract Line 6 from Line 4)-----\$ _____

8. Tax Rate: .05

5%

9. Hotel Room City Taxes Due @ 5% (Multiply Line 7 by Line8)-----\$ _____

10. Total Tax Due (Add line 9 Columns 1 & 2)-----\$ _____

11. Total Hotel Tax Submitted With this Return-----\$ _____

I Certify under penalty of perjury that this return, including all accompanying schedules has been examined by me and to the best of my knowledge and belief is a true, correct and complete return of all taxable sales in the City Limits of (Barrow) Utqiagvik, Alaska during the period specified above.

Signature: _____ Date: _____

Print Name: _____ Contact Phone Number: _____

Note: This return must be filed by each Taxpayer that Operates a Business Establishment as described in:
Section: 4.21.010 of Utqiagvik City Code.