



# 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.