
CITY OF A LEKNAGIK

P.O. BOX 33 MAIN STREET ALEKNAGIK, AK 99555

PHONE: (907) 842-5953 OR 842-1756

FAX: (907) 842-2107

EMAIL: clerk@aleknagikak.gov

MONTHLY SALES TAX RETURN

Sales Tax on Sales and Services pursuant to
Chapter 20, City of Aleknagik Code of Ordinances

Sales tax is due and payable on the last day of the month following the month for which
this return is submitted , beyond which time it shall become delinquent.

CHECK HERE IF NO BUSINESS ACTIVITY THIS MONTH. YOU MUST
ALSO SIGN, DATE AND SEND THIS TAX RETURN TO THE CITY BY THE
LAST DAY OF THE MONTH FOLLOWING THIS MONTH, TO AVOID A
LATE FILING FEE.

FOR THE MONTH OF _____, 20__

TYPE OF BUSINESS: _____

NAME OF BUSINESS: _____

ADDRESS: _____

1. Gross Revenue	\$
2. Non-Taxable Exempt Revenue	\$
3. Taxable Revenue	\$
4. Total Taxes Collected on Taxable Revenue (at 5% rate)	\$
5. Interest, and/or Penalties	\$
6. Total Amount Owed this Month	\$

I declare, under penalty of perjury, that this return (and any accompanying statements) has been
examined by me and to the best of my knowledge and belief it is a true, correct and complete return.

Signature, Title

Date

Mail or hand deliver this sales tax return to the City of Aleknagik, P.O. Box 33, Aleknagik, AK,
99555, along with your tax payment. Retain a copy for your files. Contact the City Offices if you
would like to send your tax payment by wire transfer.

ACCOUNT CHANGES:

A. New Address: _____

B. Name Change: _____

C. Business Closure Date _____ Consider this filing a return
Yes No _____

D. If business sold or transferred, please provide sale or transfer date: _____ New Owners/Address: _____