
CITY OF ALEKNAGIK
P.O. BOX 33 MAIN STREET ALEKNAGIK, AK 99555
PHONE: (907) 842-5953 OR 842-1756
FAX: (907) 842-2107
EMAIL: clerk@aleknagik.ak.gov

QUARTERLY BED / HOTEL TAX RETURN

Bed/Hotel Tax on overnight accommodations and rental package plans pursuant to Chapter 21, City of Aleknagik Code of Ordinances

Bed/Hotel tax is due and payable on or before the fifteenth day of the month following the month for which this return is submitted, unless you are eligible to file a quarterly tax return which is due on the last day of the month following the quarter for which this return is filed, beyond which time it shall become delinquent.

CHECK HERE IF LESS THAN \$100 IN TAX DUE DURING ANY MONTH OF THE QUARTER FOR WHICH THIS RETURN IS FILED, AND YOU HAVE ALWAYS TIMELY PAID BED/HOTEL TAXES AND FILED RETURNS.

FOR THE ___ ___ QUARTER OF 20___
TYPE OF BUSINESS: _____
NAME OF BUSINESS: _____
ADDRESS: _____

1. Gross overnight accommodation rents	\$
2. Gross rental package plans rents	\$
3. LESS exempt rents (if any)	\$ ()
4. Total Taxable Rents	\$
5. Bed/hotel Tax (multiply line 4 by 9%)	\$
6. Interest, and/or Penalties	\$
7. Total Amount Due with this return	\$

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 bed/hotel 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: _____