HAINES BOROUGH SALES TAX REPORT
AND 2% MARIJUANA TAX
P.O. BOX 1209, HAINES, ALASKA 99827

ACCOUNT NO. _____

REPORT FOR : **Month, _____, 20___** **OR: 1ST, 2ND, 3RD, 4TH QUARTER, 20____ (Circle One)**

NAME _____

(To Qualify for Quarterly Filing, Gross Sales Must be $3,000.00 or less/Month)

ADDRESS: _____

_____

	Column 1:Sales in Borough 4%	Column 2:Sales Townsite 1.5%	Column 3: 2% Marijuana Tax
1. **TOTAL GROSS SALES:** Do not include SALES TAX COLLECTED or NSF checks Total Receipts from all sources, taxable and exempt.	1.		
2. **LESS EXEMPT SALES: (Enter as a negative number)**	2.		
A. Sales Outside both Townsite Service Area and Borough	A.		
B. Sales to Government Agencies (federal, state, townsite, borough)	B.		
C. Sales for Resale	C.		
D. Other sales exempt by ordinance, identify:_____	D.		
3. **TOTAL EXEMPT SALES** (If necessary, use a separate sheet)	3.		
4. **NET TAXABLE SALES** (Line l less Line 3)	4.		
5. **AMOUNT OF TAX DUE: Calculate 1.5% and 4% from Net Sales**	5.		
6. **1% Discount for Prompt Payment:** Deduct 1% of TAX DUE only if paid by the end of the month following the tax-month being reported. Do not deduct on delinquent returns, delinquent accounts or Quarterly reports	6.		
7. **TAX DUE** (Line 5 less Line 6)	7.	$	$
8. **TOTAL TAX (Add columns 1, 2, and 3 from Line 7))**			$

9. **LATE PAYMENT:** If you are delinquent add on penalty and interest:

a. PENALTY:10% of Total Tax on line 8 plus 5% each additional month of delinquency until 25% has accrued: $_____

b. INTEREST: 15% per annum from date of delinquency until paid.
(Tax Due x 15%/365 = _____ interest/day x _____ days late) $_____

Add a + b 9 $

10. Credits or Debits from Previous Month _____ 10 $

11. **TOTAL AMOUNT PAID: PLEASE MAKE CHECKS PAYABLE TO HAINES BOROUGH** 11 $

I DECLARE, SUBJECT TO THE PENALTIES PRESCRIBED IN HAINES BOROUGH ORDINANCES THAT THIS RETURN HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.

DATE: _____ **X** _____

Signature of Firm Member, owner or agent

CHECK _____

CASH _____