

Municipality of Anchorage, Treasury Division ALCOHOLIC BEVERAGES RETAIL SALES TAX MONTHLY TAX RETURN GENERAL INFORMATION AND INSTRUCTIONS PRINT FORM AND COMPLETE THE APPROPRIATE BOXES

IMPORTANT NOTICE

Send original form to: Municipality of Anchorage Treasury Div., Alcohol Tax 632 W, 6th Ave., Suite 330 P.O. Box 196650 Anchorage, AK. 99519-6650

GENERAL INFORMATION

- The due date is the last day of the month following the reporting month.
- You must file a return even if there were no taxable sales.
- Keep a copy of your return for your records.
- Be sure the tax return has been signed and provide a day time phone number and email on the front of the return.
- Write your certificate number on your check or money order and make payable to: Municipality of Anchorage

TAX PAYER

If you have questions or need assistance completing this form, contact our office.

Municipality of Anchorage, Treasury Div., Alcohol Tax 632 W. 6th Ave., Suite 330 www.muni.org/AlcoholTax 907-343-6670 wwpt@anchorageak.gov

LINE-BY-LINE INSTRUCTIONS

- **Line 1 Gross Receipts**. Enter the total gross receipts from the sale of alcoholic beverages. A business with multiple locations must complete the Multi-Location Schedule, form 41-007.
- **Line 2 Tax Exempt Sales**. Enter the total receipts from tax exempt sales of alcoholic beverages. (AMC 12.65.040).
- **Line 3** Total Taxable Sales. (line 1 minus line 2).
- **Line 4** Calculated Tax. Amount of tax due for this month (5% of line 3).
- **Line 5** Tax Collected. Enter the amount of tax collected if different from the amount on line 4.
- **Line 6 Prior Tax Paid.** Enter the total amount previously paid for this applicable filing period. If filing an amended return, enter total amount previously paid for the applicable filing period
- **Line 7** Amount of Tax Due. Enter the larger amount of line 4 or line 5, minus line 6.
- **Line 8 Penalty.** Failure to Pay Timely. A penalty of 10% shall be incurred automatically when a retailer fails to file a tax return within seven calendar days following due date. If the retailer fails to pay a tax return within sixteen calendar days following the due date, the penalty shall be increased automatically to 25% (AMC 12.65.270).
- **Line 9 Penalty**. Failure to Pay Timely. A penalty of 10% shall be incurred automatically when a retailer fails to pay a tax rreturn within seven calendar days following due date. If the retailer fails to pay a tax return within sixteen calendar days following the due date, the penalty shall be increased automatically to 25% (AMC 12.65.270).
- **Line 10 Other Penalties and Costs**. These are imposed by Treasurey based on audit findings or other enforcement actions.
- **Line 11 Interest.** Applied at the rate of 12% per annum. Calculated as follows: number of days multiplied by .00033 per day multiplied by total sales tax due on line 7. (AMC 12.65.260).
- **Line 12 Paper Filing Fee**. Unapproved paper filings are subject to an administrative processing fee of \$50 per filing (AMC 12.65.160B)
- Line 13 Total Amount Due. Add lines 7,8,9,10,11 and 12.



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Please Type or Print Clearly

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| MOA Certifica | te Number: Name of Retailer as shown on the Certificate of Registration: | Year: | Month: | — A |
|---|---|-----------|----------|--------------------|
| | | | | Amended Tax Return |
| | | | | |
| 1. | Gross Receipts From Sales of Alcoholic Beverages: | \$ | | |
| 2. | Tax Exempt Sales: | \$ | | |
| 3. | Total Taxable Sales (line 1 minus line 2): | \$ | | |
| 4. | Calculated Tax (5% of line 3): | \$ | | |
| 5. | Tax Collected | \$ | | |
| 6. | Prior Tax Paid (see instructions): | \$ | | |
| 7. | Amount of Tax Due:(Larger amount on line 4 or line 5 minus li | ine 6) \$ | | |
| 8. | Penalty: Failure to File Timely: ☐ 0% ☐ 10% ☐ 25% | \$ | | |
| 9. | Penalty: Failure to Pay Timely: ☐ 0% ☐ 10% ☐ 25% | \$ | | |
| 10. | Other Penalties and Costs: | \$ | | |
| 11. | Interest: Number of days | \$ | | |
| 12. | Paper Filing Fee: | \$ | 50.00 | |
| 13. | Total Amount Due (Add Lines 7,8,9,10,11 and 12): | \$ | | |
| | r Filing Fee is being temporarily waived. The waiver will be in effect until e sinesses to use. For more information regarding the Paper Filing Fee see | | | |
| _ | nder penalty of perjury that this return has been examined by me a rrect and complete return of all retail sales of alcoholic beverages of | | <u>-</u> | ge and belief is |
| with Anch | cipality's acceptance of this tax return does not imply that this tax recorage Municipal Code (AMC) 12.65. The total amount due is subject pleted. You will be notified of any discrepancies found. | • | | - |
| Signature of Authorized Representative: Printed Name: | | | | |
| | | | | |
| Date: | Phone: Email: | | | |
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