



Municipality of Anchorage
Cigarette and Tobacco
Products Tax Return
2009
Calendar Year

IMPORTANT NOTICE
Send completed return to: Municipality of Anchorage Treasury Division Tobacco Tax P.O. Box 196650 Anchorage, AK 99519-6650

SEE INSTRUCTIONS ON REVERSE SIDE

This return must be filed and the tax paid on or before the last day of the month following the month during which the cigarettes and other tobacco products were manufactured, imported or acquired. Supporting schedules and copies of supporting invoices must accompany this return.

Name of Tobacco Licensee:	Return for the Month of:	Year:	License Number:
Is this an amended return? (circle one) Yes No	Phone Number of Preparer:	E-mail of Preparer	

1. Totals carried forward from Supporting Schedules:			
a. Number of cigarettes manufactured or imported during the month	1a		
b. Less deductions for sales to Exemption Cardholders (See Instructions)	1b		
c. Less other deductions (See Instructions)	1c		
2. Total number of taxable cigarettes (line 1a less lines 1b and 1c)	2		
3. Tax @ 72.6 mills per cigarette (Multiply line 2 by 0.0726)		3	
4. Totals carried forward from Supporting Schedules:			
a. Wholesale price of tobacco products manufactured or imported during the month	4a		
b. Less deductions for sales to Exemption Cardholders (See Instructions)	4b		
c. Less other deductions (See Instructions)	4c		
5. Total wholesale price of taxable tobacco products (line 4a less lines 4b and 4c) ..	5		
6. Tax @ 45% (Multiply line 5 by .45)		6	
7. Total cigarette and tobacco products tax (Add lines 3 and 6)		7	
8. Prior month adjustment (Attach explanation)		8	
9. Total cigarette and tobacco products tax due (Total of lines 7 and 8)		9	
10. Penalty - Failure to File Timely (6% or 15% of line 9. See Instructions)		10	
11. Penalty - Failure to Pay Timely (6% or 15% of line 9. See Instructions)		11	
12. Interest - Pursuant to AMC 12.40.160, interest at the rate of 12% per annum shall accrue on the..... unremitted balance of taxes due from the operator. To calculate interest due, multiply the amount on Line 9 by .00033 for each day the tax is delinquent.		12	
13. Total AMOUNT DUE WITH RETURN (Add lines 9 through 12) Make remittance payable to MOA		13	

OTHER INFORMATION REQUIRED BY THE DEPARTMENT:

\$.

Number of cigarettes acquired within the Municipality with tax previously paid to MOA.

Wholesale cost of other tobacco products acquired within the Municipality with tax previously paid to MOA.

I certify under penalty of perjury that this return, including all accompanying schedules and invoices, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return of all cigarettes and other tobacco products manufactured, imported or acquired in the Municipality during the month specified above.

Signature of Taxpayer or Officer of Corporation:	Printed Name:	Title:	Date:
Signature of Preparer:	Printed Name:	Title:	Date:

NOTE: This return must be filed by each licensee even if no cigarettes or other tobacco products were manufactured, imported or acquired during the month covered.

USE OF FORMS NOT PROVIDED BY THE DEPARTMENT IS PROHIBITED