



**Municipality of Anchorage, Treasury Division**  
**ALCOHOLIC BEVERAGES RETAIL SALES TAX**  
**MULTI-LOCATION SCHEDULE-TAX RETURN**

<b>IMPORTANT NOTICE</b>
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

**Please Type Or Print Clearly**

**MOA Certificate Number:**   **Name of Retailer as shown on the Certificate of Registration:**   **Year:**   **Month:**

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Amended Tax Return

If your business sells alcoholic beverages at more than one location, use this form to report sales for each location for the month being reported. Include all locations at which retail sales of alcoholic beverages occurred, including but not limited to special events.

Enter the Alcohol & Marijuana Control Office (AMCO) license number issued to each location.

List physical location (house or building number, street name, suite number, etc.) for each location. If a location is inside another, or is a special event include sufficient information for Treasury to find that location.

Enter the total gross receipts from the sale of alcoholic beverages and total tax exempt sales for period being reported.

**If you have questions about completing this form, please contact us at (907) 343-6670 or [wwpt@anchorageak.gov](mailto:wwpt@anchorageak.gov).**

AMCO License Number	Physical Address	Gross Receipts	Tax Exempt Sales
<b>Total Gross Receipts. ( Enter this amount on Line 1 of Tax Return)</b>			
<b>Total Tax Exempt Sales. ( Enter this amount on Line 2 of Tax Return)</b>			