

Municipality of Anchorage, Treasury Division ROOM TAX RETURN

(Authorized by AMC Chapter 12.20) www.muni.org/roomtax IMPORTANT NOTICE

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

	Return for Year and Quarter Ending: ect One)	Year	Mar. 31 Due Date	Jun. 30 O Due Date	Sep. 30 O Due Date		ec. 31 le Date	Final Tax Ret	_r Amended
Che	ck if final and/or amended tax return		Apr. 30	Jul. 30	Oct. 30	\sim	an. 30	AMC12.20,050	C Tax Return
Regi	istration Number: Name of Lo	dging Facility:		Phone Number of	f Preparer:	Email of	f Preparei	r:	
or ca	CK ONE BOX WHICH DESCRIBES The street of the	rs recognize rents as ea urs regardless of when	arned when the rent payment is received	is actually collected d. Once adopted, an	and accrual bas	is operato	ors O		Occupancy Rate for Quarter (as %)
1.	Total Gross Rents. "Rent" is the n for the right to use or occupy a roor registered hosting platforms.							ge	
2.	Gross Rents Earned Via Registered Hosting Platforms. Report the total of all rents earned during the quarter that are being reported on your behalf by Airbnb and/or HomeAway.								
3.	Gross Rents Net of Registered Hosting Platforms. Amount on Line 1 less amount on Line 2.								
4.	Nontaxable Rents. Nontaxable rents are those defined by AMC 12.20.022 to be tax exempt. Nontaxable rents can never be reported as part of Line 3 Taxable Rent Losses. Report the total amount of tax exempt rents earned during the quarter.								
- 5.	Taxable Rent Losses. Taxable rent losses are uncollectable (accrual) or uncollected (cash) taxable rents. Taxable rent losses cannot be claimed for amounts which have not been included in Line 1 Gross Rents. Under cash basis, an example of a taxable rent loss would be taxable rent paid by check which is later returned for non-sufficient funds (NSF). Under accrual basis, an example of a taxable rent loss would be a write-off of the taxable rent portion of an account receivable. Report total taxable rent losses during this quarter.								
6.	Taxable Rent Losses Recovered. Report total amounts included on Line 3 of this tax return or a previous tax return which have been collected during this quarter.								
7.	Total Taxable Rents. Amount on Line 3, less amount on Line 4, less amount on Line 5, plus amount on Line 6.								
8.	Calculated Tax. 12% of the amount on Line 7.								
9.	Tax Collected. Amount of tax collected if different from amount on Line 8.								
10.	Prior Tax. If this is an amended tax return, enter the amount of tax previously reported for this quarter.								
11.	Net Tax. Enter the larger amount of	of Line 8 or Line 9, min	nus Line 10.						
12.	Penalty - Failure to File by Due D	Date. See Note 1.			0 0%	O 10°	% O 25°	%	
13.	Penalty - Failure to Pay by Due D	Date. See Note 1.			○ 0%	O 10 ^t	% O 25°	%	
14.	Interest. 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 11 by .00033 for each day the tax is delinquent (AMC 12.20.105).						/S		
15.	Other Penalties and Costs. As prescribed by Anchorage Municipal Code.								
16.	Total Tax, Penalties and Interest Make remittance payable to MOA.			nes 11, 12, 13, 14 a	and 15.				
follow autor	E 1: A penalty of 10% of the taxes due sh ving the due date. If an operator fails to fil matically to 25% (AMC 12.20.110). Select	e the tax return and/or p appropriate rate to be a	ay the full amount of pplied to Line 11.	tax due within sixtee	n calendar days f	ollowing th	ne due date	, the penalty sh	nall be increased
quart no lat	E 2: Unless otherwise specified by the De er being reported. To be considered timel ter than the due date, or if mailed, the enve the due date.	y filed and paid, a tax re	turn and remittance r	must be received by t	he Municipality o	f Anchorag	ge, Departm	ent of Finance	, Treasury Division
Mun	clare, under penalty of perjury, to ncipality's acceptance of this retu- uirements.	-	-			-			
•	ature of Taxpayer or Officer of Corp	poration: Printed N	Name:		Title:			Date:	
Sign	ature of Preparer :	Printed N	Name:		Title:			Date:	