

Ketchikan Gateway Borough
 Finance Department, Sales Tax Office
 1900 First Ave., #118, Ketchikan, AK 99901
 Ph (907)228-6620 Fax (907)228-6698
<http://www.kgbak.us/820/Tobacco-Excise-Tax>



FOR OFFICE USE ONLY

PROCESSING INSTRUCTIONS: Attach envelope to return form upon receipt and submit original return form and merchant's supporting documentation to the Sales Tax Office.

AMOUNT OF CHECK \$ _____

APPLY TO ACCOUNT CODE 711-00-000-4070

TOBACCO EXCISE TAX RETURN

COMPANY: _____
 ACCOUNT NUMBER: _____
 FOR THE QUARTER/MONTH: _____

	Column 1 CIGARETTES	Column 2 OTHER TOBACCO PRODUCTS
	Number of Packs #	Wholesale Price \$
Cigarettes/Other Tobacco Products Imported or Acquired within KGB		
1.		\$
2. Less Adjustments:		
(a) Volume Discounts (Does not Apply to Column 1)		(\$ _____)
(b) Other Price Reductions (Does not Apply to Column 1).....		(\$ _____)
(c) Returned Merchandise.....	(_____)	(\$ _____)
3. Subtotal Adjustments (Sum Line 2a through 2c).....	(_____)	(\$ _____)
Adj Cigarettes/Other Tobacco Products (Subtract Line 3 from Line 1)		
4.		\$
5. Less Exemptions:		
(a) Military Sales	(_____)	(\$ _____)
(b) Amount Prohibited from Taxation by Other Laws	(_____)	(\$ _____)
(c) Wholesaled Outside the Borough.....	(_____)	(\$ _____)
6. Subtotal Exemptions (Sum Line 5a through 5c).....	(_____)	(\$ _____)
7. Total Taxable (Subtract Line 6 from Line 4).....		\$
8. Tax Rate.....	X \$2.00 per Pack	X 50%
9. Excise Tax Due (Multiply Line 7 by Line 8).....	\$	\$
10. Total Tobacco Excise Tax Due (Add Line 9, Columns 1 and 2).....		\$
11. Late Payment Penalty (5% per Month to Maximum of 25%)		\$
12. Late Payment Interest (.83% per Month, 10% per Annum)		\$
13. Prior Period Adjustments.....		\$
14. Total Amount Due with Return (Sum Line 10 through Line 13)		\$

I certify under penalty of perjury that this return, including all accompanying schedules, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return of all cigarette and tobacco products imported into or acquired in the Ketchikan Gateway Borough during the period specified above.

X

DATE SIGNATURE OF FIRM MEMBER, OWNER OR AGENT PRINTED NAME PHONE NUMBER

Note: This return must be filed by each Taxpayer that imports or acquires tobacco products in the Ketchikan Gateway Borough, even if no products were imported during the months covered.