



CITY OF ADAK, ALASKA

P.O. BOX 2011 - ADAK, ALASKA 99546-2011

Phone: (907) 592-4500 - Fax: (907) 592-4262

www.adak-ak.gov

accounting@adak-ak.gov

TRANSIENT LODGING TAX RETURN

NOTICE: Adak City Ordinances Chapter 4.12 details the application, exemptions, collections and remittance of transient lodging tax. The tax return may be delivered, mailed, faxed or emailed to the address above. This report is invalid unless completed in detail. The report must be filed even if there is no activity for the month.

ALL RETURNS MUST BE FILED - INCLUDING NO SALES

City Tax ID #:		For Calendar Month/Year:
Business Name:		
Address:		

1. GROSS TRANSIENT LODGING RECEIPTS/REVENUE:	\$.	<input type="text"/>
2. LESS GOVERNMENT EXEMPT RECEIPTS/REVENUE:	(From Schedule A): \$.	<input type="text"/>
3. SALES SUBJECT TO TRANSIENT LODGING TAX (Subtract line 2 from line 1):	\$.	<input type="text"/>
4. TRANSIENT LODGING TAX AT 5% (Multiply line 3 by .05):	\$.	<input type="text"/>
5. LATE RETURN FILING FEE (if applicable \$25/Month):	\$.	<input type="text"/>
6. PENALTY FOR LATE/NON-PAYMENT OF TAX (if applicable 5%/month, max 20%):	\$.	<input type="text"/>
7. INTEREST FOR LATE/NON-PAYMENT OF TAX (if applicable 15% per annum):	\$.	<input type="text"/>
8. TOTAL DUE (Add Lines 4 through 6):	\$.	<input type="text"/>

A late filing fee of \$25 per month shall be added to all late-filed tax reports in addition to interest and penalties. The date of actual receipt not the postmark shall determine the date of filing returns.

A penalty equal to five percent of the delinquent tax shall be added to the tax for the first month or fraction thereof, until a total of 20% of delinquent tax has been reached. In addition to the above penalty, interest shall accrue at the rate of fifteen percent per annum on the delinquent tax from the date of delinquency.

If fees, penalty and interest are incorrectly calculated, you will be invoiced for the difference which is immediately due and payable.

I CERTIFY UNDER PENALTY OF PERJURY THAT THIS RETURN (INCLUDING ANY ACCOMPANYING STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE

DATE

PRINTED NAME & TITLE

