



CITY OF BETHEL

SALES TAX RETURN FORM

P.O. Box 388, Bethel, AK 99559-0388

Phone: (907) 543-2047 Fax: (907) 543-3817

Email: forbusinesses@cityofbethel.net Website: www.cityofbethel.org

Sales Tax Certificate # _____

Business Name _____

Doing Business As _____

Mailing Address _____

City/State/Zip Code _____

Phone Number _____

Period Filing For:
Month/Year

CALCULATION OF GROSS SALES		
1	Total gross from sales	1
2	Total gross from services	2
3	Total gross from rentals	3
4	TOTAL GROSS SALES (add lines 1, 2 and 3)	4

CALCULATION OF EXEMPT SALES		
5	Sales, Services or Rentals to Senior Citizens with valid Exemption Certificate	5
6	Sales, Services or Rentals to Government Agencies	6
7	Sales or Services to Wholesaler/Retailer with valid Exemption Certificate	7
8	Sales or Services to Non-Profit with valid Exemption Certificate	8
9	Other Deductions (proof of deductions must be included)	9
10	TOTAL EXEMPT SALES (add lines 5, 6, 7, 8 and 9)	10

CALCULATION OF TAXES DUE		
11	Calculated Taxable Revenue (line 4 minus line 10)	11
12	TOTAL AMOUNT DUE WITH RETURN (6% of line 11)	12

I declare, subject to the penalties prescribed in the Bethel Municipal Code, that this report (including any accompanying exemption logs) has been examined by me, and to the best of my knowledge and belief is a true, correct and complete report.

DATE _____

SIGNATURE _____

PRINTED NAME _____

Filing an incomplete return or failing to remit all taxes is treated as the filing of no return.

Penalties and interest begin accumulating once the filing is late.