



**City of Kodiak**

710 Mill Bay Road. Rm 211  
Box 1397  
Kodiak. AK 99615  
Phone: (907) 486-8655  
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**TRANSIENT ROOM TAX ORDINANCE 676**

Kodiak City Code Chapter 3.08

**Business**

Name \_\_\_\_\_  
DBA \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
Business Type \_\_\_\_\_

For the period: \_\_\_\_\_ to \_\_\_\_\_

**Form must be returned by \_\_\_\_\_ even when no sales tax is due.**

If final return, check box  Last Day of Business \_\_\_\_\_

Reason: \_\_\_\_\_

If sold, to whom: \_\_\_\_\_

**REVENUE:**

1.) Gross revenue from retail sales 1.)

**LIST DETAIL OF DEDUCTIONS:**

2.) Sales or Services to Senior Citizens with valid Senior Exemption Card 2.)   
3.) Sales, Services or Rentals to Government 3.)   
4.) Sales tax collected if included in gross revenues 4.)   
5.) Other Allowable Deductions, please explain \_\_\_\_\_ 5.)   
6.) Total Deductions 6.)

**CALCULATED TAX AND PAYMENT:**

7.) Calculated Taxable revenue (line 1 minus line 6) 7.)   
8.) Computed tax (5% of line 7) 8.)   
9.) Discount (2% of line 15, if paid on or before due date noted above and have a 0 balance) 9.)   
10.) Total Penalty and Interest - For explanation see bottom of page. Note 1 10.)   
11.) Total Sales Tax Due (line 8, less line 9, plus line 10) 11.)   
Balance of account from prior returns, penalties and interest and payment   
12.) Amount Remitted 12.)   
Cash \_\_\_\_\_ or Check # \_\_\_\_\_

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Failure to remit taxes collected on or before due date will result in a penalty of 5% per month or fraction of month during which the tax remains unpaid, until a total of 20% is accrued. In addition, the principal amount will accrue 15% interest per annum