

CITY OF AKUTAN
CITY SALES TAX RETURN
AKUTAN MUNICIPAL CODE 6.10
SEAFOOD BUYERS AND PROCESSORS

NAME OF BUYER: _____

STREET ADDRESS: _____ CITY _____ ZIP _____

TELEPHONE NO: _____ EMAIL: _____

PERSON TO BE CONTACTED REGARDING RETURN:

NAME: _____ TITLE: _____

STREET ADDRESS: _____ CITY _____ ZIP _____

TELEPHONE NO: _____ EMAIL: _____

EMAIL: _____

QUARTER FOR WHICH RETURN IS FILED:* _____ 20____

AMOUNT OF TAXES (1.5% of AMOUNT PAID) REMITTED WITH THIS RETURN: _____

QUANTITY OF SEAFOOD PRODUCTS PURCHASED OR DELIVERED IN AKUTAN:

TYPE OF PRODUCT	POUNDS	AMOUNT PAID
KING CRAB _____	_____	_____
TANNER CRAB _____	_____	_____
BOTTOMFISH _____	_____	_____
OTHER _____ (Please Specify)	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS	_____	_____

DATE

SIGNATURE

PRINTED NAME AND TITLE OF PERSON FILING RETURN

- *1ST QUARTER, JAN-MAR
- *2ND QUARTER, APR-JUNE
- *3RD QUARTER, JULY-SEP
- *4TH QUARTER, OCT-DEC

PLEASE MAKE CHECKS PAYABLE TO: CITY OF AKUTAN
3380 C STREET, SUITE 205
ANCHORAGE, AK 99503