



**City of Palmer • Department of Finance**  
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 Phone: 907-745-3271 Fax: 907-745-0930  
[www.palmerak.org](http://www.palmerak.org)

**Alaska State Fair Sales Tax Remittance Form**

Filing Period: \_\_\_\_\_  
 Alaska State Fair Business License No. \_\_\_\_\_

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Consumers Tax on Sales, Services, Etc. Palmer Municipal Code 3.16**

*Your gross revenue must include the amount of all sales rentals & services, all nontaxable sales, rentals & services, including amounts over the \$1,000 maximum tax cap.*

Gross revenue from retail sales	\$	_____	1.
Gross revenue from sales & services rendered, inc. materials	\$	_____	2.
Gross revenues from residential and commercial rentals	\$	_____	3.
Gross revenues from other sources	\$	_____	4.
<b>Total revenues</b>	<b>\$</b>	_____	<b>5.</b>
Less exceptions claimed per Palmer Municipal Code (attach statement itemizing exceptions)	\$	_____	6.
<b>Net taxable revenue – Line 5 minus Line 6</b>	<b>\$</b>	_____	<b>7.</b>
<b>Computation of tax Line 8:</b> 3% of line 7	\$	_____	8.
<b>Late Filing Fee Line 9:</b> \$25.00	\$	_____	9.
<b>Penalty Line 10:</b> <i>In addition to the fee, a penalty of 5% of the tax for each month or portion thereof late after due date, until total penalty of 20% has been accrued.</i>	\$	_____	10.
<i>Line 10 = Line 8 x 5% for each month or portion thereof late (maximum 20%)</i>			
<b>Interest Line 11:</b> <i>0.15 time tax amount divided by 365 times number of days late</i>	\$	_____	11.
<b>Total Amount Due (add lines 8, 9, 10, 11)</b>	<b>\$</b>	_____	<b>12.</b>

**For all sales made during and at the Alaska State Fair under a special city business for sales at the Alaska State Fair only, the tax return shall be due on or before the tenth day of October in the year of the sales.**

I declare, subject to the penalties prescribed in Chapter 3.16.160 of the Palmer Municipal Code, that this return and any accompanying statements has been examined by me and to the best of my knowledge, this return is a true, correct and complete return.

\_\_\_\_\_  
 Signature of firm member, owner or agent

\_\_\_\_\_  
 Date

FOR OFFICE USE ONLY

Mail \_\_\_\_\_  
 Counter \_\_\_\_\_  
 Drop Box \_\_\_\_\_

Received