



QUARTERLY TRANSIENT TAX RETURN

City and Borough of Wrangell
PO Box 531
Wrangell, AK 99929

Quarter Ending	Due
<input type="checkbox"/> March 31 st	April 30 th
<input type="checkbox"/> June 30 th	July 31 st
<input type="checkbox"/> Sept. 30 th	Oct. 31 st
<input type="checkbox"/> Dec. 31 st	Jan. 31 st

The tax imposed under Wrangell Municipal Code 5.06.020 shall be payable at the end of each quarter and due not later than one month after this date (see above for dates). Payments, including those received in the City Hall drop box, must be received by 5:00 PM on this due date. Payments postmarked on the due date will be accepted as paid on time.

Name _____ E-mail _____
DBA _____ Phone _____
Street _____
City, ST, Zip _____ Lookup _____

Transient Room	# Room Nights Rented	# Room Nights Exempt
Month 1		
Month 2		
Month 3		
Total		

Transient Room Night Rent	Gross Revenue*	Amount Exempt	Net Taxable Transient Rent Revenue
Month 1			
Month 2			
Month 3			
Total			

6% Transient Tax Due: _____

Net Taxable Total times 0.06

* Include exempt rental revenue in Gross Revenue column. Exempt rentals would include room nights rented **and paid for** by municipal, state or federal government. Include proof of guest's exempt status with return.

All penalties and interest are applied uniformly and without waivers or exceptions, regardless of the tax amount due, unless approved by the Borough Assembly to be waived based upon demonstration of a medical reason that prevented the timely filing.

Penalties and Interest for Late Returns – Wrangell Municipal Code 5.08.100

In the event a return is not made, or the appropriate tax not paid within one month following the reporting quarter, a penalty of **five** percent of such tax as is unpaid shall be added to such tax for the first month of delinquency or any fraction thereof. Interest on all outstanding or delinquent sales tax balances shall accrue monthly at a rate of **one** percent as of the initial date of delinquency.

☐ This is my final return. Explanation: _____
☐ I will be closed the following months: _____

Date: _____ Signature: _____
Firm Member, Owner or Agent

By signing above, you declare that the information in this document and on any attachments is true and correct to the best of your knowledge.

Borough Finance Department Notes: