



**CITY OF UNALASKA**  
 PO BOX 610 UNALASKA, AK 99685  
 Phone (907) 581-1251 Fax (907) 581-1417  
 www.ci.unalaska.ak.us

## MONTHLY PREPAYMENT FORM HOTEL / MOTEL TAX

YEAR: \_\_\_\_\_

MONTH: \_\_\_\_\_

QTR ENDING

QTR1 ☐  
March 31QTR2 ☐  
June 30QTR3 ☐  
September 30QTR4 ☐  
December 31

NAME: \_\_\_\_\_

BUSINESS LIC. # \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_**A. DETERMINATION OF ADJUSTED GROSS RECEIPTS:**

1. **GROSS RECEIPTS FOR QUARTER** *(Including Hotel/Motel Tax collected)* \$ \_\_\_\_\_
2. **NON-TAXABLE RECEIPTS** *(Complete Page 2)* \$ \_\_\_\_\_
3. **ADJUSTED GROSS RECEIPTS** *(Subtract Line 2 from 1)* \$ \_\_\_\_\_

**B. DETERMINATION OF TAXABLE RECEIPTS:**

4. **DIVIDE LINE 3 BY 1.05 (TAXABLE GROSS RECEIPTS)** \$ \_\_\_\_\_

**C. DETERMINATION OF TAX DUE:**

5. **MULTIPLY AMOUNT OF LINE 4 BY .05 – HOTEL/MOTEL TAX DUE** \$ \_\_\_\_\_
6. **DISCOUNT** *(If applicable, multiply Line 5 by .02)* \$ \_\_\_\_\_
7. **NET PAYMENT DUE** *(Subtract Line 6 from Line 5)* \$ \_\_\_\_\_

To be eligible for the 2% discount, payment must be received at City Hall or postmarked on or before the 10th of the month following the month that receipts were received. This report must be filed for each month in the quarter if discount is claimed for any month. Quarterly Hotel/Motel Tax Reports must be filed at the end of each month in addition to prepayment forms.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

COMPLETED HOTEL/MOTEL TAX REPORT MAY BE EMAILED TO CITY CLERK AT: [tax@ci.unalaska.ak.us](mailto:tax@ci.unalaska.ak.us)



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## MONTHLY PREPAYMENT FORM HOTEL/MOTEL TAX

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Business License No. \_\_\_\_\_  
 Quarter Ending: \_\_\_\_\_  
 Due on or Before: \_\_\_\_\_

### SUBSTANTIATION OF ALL NON-TAXABLE TRANSACTIONS

1. SALES TO GOVERNMENT AGENCIES ..... \$ \_\_\_\_\_

SOLD TO:

AMOUNT:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. ALL OTHER SALES CLAIMED EXEMPT ..... \$ \_\_\_\_\_

SOLD TO:

JUSTIFICATION FOR EXEMPTION:

AMOUNT:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TOTAL ALL NON-TAXABLE TRANSACTIONS**

..... \$ \_\_\_\_\_