



# KODIAK ISLAND BOROUGH

## CIGARETTE AND OTHER TOBACCO PRODUCTS EXCISE TAX FORM

\_\_\_ 1<sup>st</sup> quarter Jan 1<sup>st</sup> to Mar 31<sup>st</sup>  
 \_\_\_ 2<sup>nd</sup> quarter Apr 1<sup>st</sup> to June 30<sup>th</sup>  
 \_\_\_ 3<sup>rd</sup> quarter July 1<sup>st</sup> to Sept 30<sup>th</sup>  
 \_\_\_ 4<sup>th</sup> quarter Oct 1<sup>st</sup> to Dec 31<sup>st</sup>  
 \_\_\_ Year  
 Enter Year & Mark Reporting Quarter

BUSINESS NAME:		FEDERAL EIN:
CONTACT NAME:		KIB-ISSUED TOBACCO LICENSE NUMBER:
MAILING ADDRESS:		DAYTIME TELEPHONE NUMBER:
CITY, STATE, ZIP CODE:		Make checks payable to: Kodiak Island Borough 710 Mill Bay Road Kodiak, AK 99615 Attention: Finance Department (907)486-9325
PHYSICAL LOCATION OF BUSINESS:		

1) Amount of Tax Due on Cigarettes (Schedule A total)	
2) Amount of Tax Due on Other Tobacco Products (Schedule B total)	
3) Total Amount of Exemptions (Schedule C Total)	
4) Subtotal of Tax Due (Total of Lines 1 and 2, less the amount of line 3)	

5) Penalties & Interest (Late payment or late filing) 1 Day or More Late: Interest (1% of tax due x # of Months delinquent) _____ AND 7-15 Days Late: Penalty (10% of tax due) _____ OR 16 or More Days Late: Penalty (15% of tax due) _____ Total Penalty & Interest ----->	
6) Total Due and Remitted (Add lines 4 and 5)	

I declare under penalty of falsification that I have examined this return, and to the best of my knowledge it is true, correct and complete.

Signature	Type or Print Name	Date

Official Use Only

**A completed return and full payment of taxes due must be received by the Borough Finance Department, or postmarked on or before 5:00 p.m. on last business day of the following month of the end of the quarter in order to avoid penalties and interest.**







**KODIAK ISLAND BOROUGH**

*CIGARETTE AND OTHER  
TOBACCO PRODUCTS  
EXCISE TAX FORM*

**SCHEDULE  
C**

**EXEMPTIONS**

\_\_\_\_ Quarter \_\_\_\_ Year

**BUSINESS NAME:**

**THIS SCHEDULE IS FOR EXEMPTIONS CLAIMED ON CIGARETTES AND OTHER TOBACCO PRODUCTS MANUFACTURED, BROUGHT INTO OR ACQUIRED IN THE BOROUGH**

Person(s) from whom EXEMPT cigarettes or other tobacco products were brought into or acquired in the Borough from any source whatsoever:	Number of exempt cigarettes brought into or acquired in the Borough from named source(s):	Wholesale price of exempt other tobacco products brought into or acquired in the Borough from named source(s):
	<b>TOTAL A:</b>	<b>TOTAL B:</b>

Enter the totals on lines A and B, multiply them by the tax rate, and add up exemption amounts.

<b>A) Total Exempt Cigarettes</b> _____	<b>Tax Rate:</b> <b>0.05</b>	<b>Total Exemption Amount:</b>
<b>B) Total Exempt Other Tobacco Products</b> _____	<b>25%</b>	<b>Total Exemption Amount:</b>

**TOTAL EXEMPTIONS:**  
Add both exemption lines and enter here and on Reporting Form Line 3 **C:** \_\_\_\_\_