# *KODIAK ISLAND BOROUGH*

## CIGARETTE AND OTHER TOBACCO PRODUCTS EXCISE TAX FORM

____ 1st quarter Jan 1st to Mar 31st

____ 2nd quarter Apr 1st to June 30th

____ 3rd quarter July 1st to Sept 30th

____ 4th quarter Oct 1st to Dec 31st

_____ 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:<br><br>Kodiak Island Borough<br>710 Mill Bay Road<br>Kodiak, AK 99615<br>Attention: Finance Department<br>(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)<br>1 Day or More Late: Interest (1% of tax due x # of Months delinquent) _____<br>AND<br>7-15 Days Late: Penalty (10% of tax due) _____<br>OR<br>16 or More Days Late: Penalty (15% of tax due) _____<br><br>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 A

**CIGARETTES**

_____ Quarter _____ Year

**BUSINESS NAME:**

**THIS SCHEDULE IS FOR CIGARETTES MANUFACTURED, BROUGHT INTO OR ACQUIRED IN THE BOROUGH**

| Person(s) from whom cigarettes were brought into or acquired in the Borough from any source whatsoever: | Number of cigarettes brought into or acquired in the Borough from each person(s) named: |
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# KODIAK ISLAND BOROUGH

## CIGARETTE AND OTHER TOBACCO PRODUCTS EXCISE TAX FORM

## SCHEDULE B

**OTHER TOBACCO PRODUCTS**

_____ Quarter _____ Year

**BUSINESS NAME:**

**THIS SCHEDULE IS FOR OTHER TOBACCO PRODUCTS MANUFACTURED, BROUGHT INTO OR ACQUIRED IN THE BOROUGH**

| Person(s) from whom other tobacco products were brought into or acquired in the Borough from any source whatsoever: | Wholesale price of all other tobacco products brought into or acquired in the Borough from each person(s) named: |
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| | **TOTAL A:** |

| A) Total wholesale price of other tobacco products manufactured, brought into or acquired in the Borough | B) Excise tax rate 75% of total wholesale price | C) Multiply Column A by Column B to get excise tax due for this category |
|---|---|---|
| | 75% | |
| **TOTAL TAX DUE ON OTHER TOBACCO PRODUCTS:** Enter here and on Reporting Form Line 2 | | |

# 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): |
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| | **TOTAL A:** | **TOTAL B:** |

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

| | | |
|---|---|---|
| **A) Total Exempt Cigarettes** _____ | **Tax Rate: 0.15** | **Total Exemption Amount:** |
| **B) Total Exempt Other Tobacco Products** _____ | **75%** | **Total Exemption Amount:** |
| **TOTAL EXEMPTIONS:** Add both exemption lines and enter here and on Reporting Form Line 3 | | **C:** |