



NORTHWEST ARCTIC BOROUGH

FOR OFFICE USE ONLY
PROCESSING INSTRUCTIONS: Attach envelope to return form upon receipt. Copy return form for cash backup and submit original return form and merchant's supporting documentation to the Tax Office. AMOUNT OF CHECK \$ _____

Northwest Arctic Borough, Alaska
 Finance Department
 P.O. Box 1110
 Kotzebue, AK 99752
 Ph (907)442-2500 Fax (907)442-2930
 Toll Free 800-478-1110 (in AK)
 Email us at: finance@nwabor.org

TOBACCO EXCISE TAX RETURN

COMPANY: _____
 TAX ACCOUNT NO.: _____
 FOR THE QUARTER ENDING: _____
 (March 31, June 30, September 30, December 31)

	Column 1 CIGARETTES Number of Packs #	Column 2 OTHER TOBACCO PRODUCTS Wholesale Price \$
1. Cigarettes/Other Tobacco Products Imported or Acquired within NAB	_____	\$ _____
2. Less Adjustments:		
(a) Volume Discounts (Does not Apply to Column 1).....	_____	(\$ _____)
(b) Other Price Reductions (Does not Apply to Column 1).....	_____	(\$ _____)
(c) Returned Merchandise.....	(_____)	(\$ _____)
3. Subtotal Adjustments (Sum Line 2a through 2c).....	(_____)	(\$ _____)
4. Adj Cigarettes/Other Tobacco Products (Subtract Line 3 from Line 1)	_____	\$ _____
5. Less Exemptions:		
(a) Military Sales.....	(_____)	(\$ _____)
(b) Amount Prohibited from Taxation by Other Laws.....	(_____)	(\$ _____)
(c) Wholesaled Outside the Borough.....	(_____)	(\$ _____)
6. Subtotal Exemptions (Sum Line 5a through 5c).....	(_____)	(\$ _____)
7. Total Taxable (Subtract Line 6 from Line 4).....	_____	\$ _____
8. Tax Rate.....	X \$2.00 per Pack	X 45%
9. Excise Tax (Multiply Line 7 by Line 8).....	\$ _____	\$ _____
10. Credit For City Sales Tax Paid (limited to \$1 per pack and 22.5%)....	\$ (_____)	\$ (_____)
11. Total Excise Tax After Credit (Subtract Line 10 from Line 9).....	\$ _____	\$ _____
12. Total Tobacco Excise Tax Due (Add Line 9, Columns 1 and 2).....	_____	\$ _____
13. Late Payment Penalty (6% if paid within 16 days of due date, otherwise 15%).....	_____	\$ _____
14. Late Tax Return Penalty (6% if paid within 16 days of due date, otherwise 15%).....	_____	\$ _____
15. Late Payment Interest (1% per Month, 12% per Annum).....	_____	\$ _____
16. Prior Period Adjustments.....	_____	\$ _____
17. Total Amount Due with Return (Sum Line 10 through Line 13).....	_____	\$ _____

I certify under penalty of perjury that this return, including all accompanying schedules, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return of all cigarette and tobacco products imported into or acquired in the Northwest Arctic Borough, Alaska during the period specified above.

X

DATE SIGNATURE OF FIRM MEMBER, OWNER OR AGENT PRINTED NAME PHONE NUMBER

Note: This return must be filed by each Taxpayer that imports or acquires tobacco products in the Northwest Arctic Borough, even if no products were imported during the months covered.