



CITY OF SEWARD
 P.O. Box 167, Seward, Alaska 99664-0167
 (907)-224-4050 or email at bedtax@cityofseward.net

HOTEL/MOTEL ROOM TAX RETURN

Business Name _____ Filing Period Ended _____ Due Date _____

Business Physical Location _____ Registration Number _____

Mailing Address _____ Telephone _____ Email _____

Request to pre-file: Zero tax collected through (month/year) _____ (for maximum of 9 months)

If this is your final return, check here and indicate the reason below:

Business Sold – To whom/Date sold _____ Business Closed – Date _____

**All Returns Must Be Filed – Including Returns with No Sales
 (Round to nearest dollar)**

		Internal Use Only
1. Gross Rents (not including sales tax or room tax)		
A) First month of quarter	\$	
B) Second month of quarter	\$	
C) Third month of quarter	\$	
D) Gross Rents Total (Line 1A + Line 1B + Line 1C)	\$	
2. Less Non-Taxable Rents (attach Schedules A & B)		
A) Schedule A - Tax Exempt List total	\$	
B) Schedule B - Monthly Rental List total	\$	
C) Total Non-Taxable Rents (Line 2A + Line 2B)	\$	
3. Taxable Rents (Line 1D minus Line 2C)	\$	
4. Room Tax Rate, 4%	X .04	
5. This Filing Periods Tax (Line 3 multiplied by Line 4)	\$	BED
6. Plus 10% PENALTY if this return and related tax are not postmarked by the Due Date above (Line 5 multiplied by .10)	\$	PEN
7. Plus Interest/Other Delinquent tax bears interest at 10% per year or .833%/month	\$	PEN
8. Previous Balance Due	\$	
9. Total Tax Due (Line 5 + Line 6 + Line 7 + Line 8)	\$	

Owner/Agent Signature/Date _____

Make check payable to: City of Seward
 Payments must be made in U.S. Funds and drawn on a U.S. Bank.

I declare, subject to the penalties prescribed, that this return (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. I understand that any false statements could result in penalties as provided by law. Submit this form to City of Seward – Finance Department

Revised 05/23/17

INSTRUCTIONS FOR COMPLETING HOTEL/MOTEL ROOM TAX RETURN

PLEASE ROUND ALL FIGURES TO THE NEAREST DOLLAR
ROUND \$.50 UP TO \$1.00 AND \$.49 DOWN TO \$.00

Business Name: The name of the business responsible for collecting the tax.

Filing Period Ended: Operators are required to file quarterly returns, unless their account is delinquent, in which case they are required to file monthly returns. For quarterly filers, filing periods end March 31, June 30, September 30, and December 31. For monthly filers, the “filing period ended” refers to the last day of the month.

Due Date: Quarterly returns are due on or before the last day of the month immediately following the end of the quarter (i.e. April 30, July 31, October 31 and January 31). Operators who have been delinquent in filing within the past six months must file monthly returns each month on or before the last day of the following month.

Business Physical Location: List the street/physical address of your property. Do not list post office boxes.

Mailing Address: The operators address where you receive your mail and correspondence about your business account.

Registration Number: The number is issued by the City of Seward to operators who have obtained a Certificate of Registration for collection of the tax.

Telephone and Email: Business owner’s contact number and email address.

- 1) **Gross Rents:** All rents collected during the collection period as monetary consideration for the use of a room or rooms in a hotel/motel by a guest. There is no cap for daily or weekly rental amounts for hotel/motel room tax, therefore total gross daily and weekly sales are subject to hotel/motel room tax. This figure should not include sales tax or hotel/motel room tax. All rents should be rounded to the nearest dollar.
 - a) Gross rents collected during the first month of the quarter for which a return is being submitted (i.e. January is the first month of the quarter ending March 31). If a monthly return is being submitted, this field would include gross rents for the month of return.
 - b) Gross rents collected during the second month of the quarter for which a return is being submitted (i.e. February is the second of the quarter ending March 31).
 - c) Gross rents collected during the third month of the quarter for which a return is being submitted (i.e. March is the third month of the quarter ending March 31).
 - d) Total Gross Rents for the quarter. **Add Lines 1A, 1B, and 1C.**
- 2) **Less Non-Taxable Rents:** These are rents which are included in the gross rents figure above and are exempt from the tax for one of the following reasons:
 - a) Rent paid directly by government agency. Government employees are not exempt from paying the tax unless the United States government, the State of Alaska, or any of the State’s political subdivisions directly remits payment for the rent. Complete schedule A and remit the form with your hotel/motel room tax return.
 - b) Monthly rentals complete Schedule B and remit the form with your hotel/motel room tax return.
 - c) **Total of Schedules A and B**
- 3) **Taxable Rents:** Gross Rents (Line 1D) minus Total Non-Taxable rents (Line 2C).
- 4) **Room Tax Rate:** The hotel/motel room tax for all filers is 4%.
- 5) **This Filing Periods Tax:** Taxable Rents (Line 3) multiplied by .04. Tax amount should be rounded to the nearest dollar.
- 6) **10% Penalty:** If the return is late, a penalty of 10% of the delinquent hotel/motel tax is assessed. Multiply This Filing Periods Tax (Line 5) by .10. Do not round to the nearest dollar when calculating penalty amount.
- 7) **Interest/Other:** If the return is more than one month late, interest on the amount due on Line 5 is due at the rate of 10% per year, compounded monthly at .833%. Other adjustments to the tax should be reported here along with a detailed explanation. Do not round to the nearest dollar when calculating the interest amount.
- 8) **Previous Balance Due:** Enter any prior balance due here.
- 9) **Total Tax Due: Add lines 5, 6, 7 and 8.**

Payment instructions: Please submit the bed tax return with payment due to City of Seward-Finance Department. If submitting by mail, do not send cash and include a check made payable to City of Seward. Use the address provided top of the Page 1 when mailing in your completed RETURN.

An incomplete or improperly prepared form is the same as not filing a return which may result in late penalties and interest. If you have questions, please call the City of Seward Finance Department at 224-4050.



CITY OF SEWARD
PO BOX 167
SEWARD, AK 99664

HOTEL/MOTEL ROOM TAX SCHEDULE A - TAX EXEMPT LIST (SCC 5.45.015)

The purpose of this form is to provide a list of all daily and weekly sales that are tax exempt for bed tax purposes. Enter the date of lodging in column A, the name of the non-taxable entity in column B, the name of the guest in column C, form of payment in column D, E, or F and tax-exempt amount in column G. Add all up non-taxable sales and list the grand total on the bottom of Schedule A and line 2A on the Hotel/Motel Room tax Return. Rent must be paid directly by the non-taxable entity in order for the rent to be exempt from the four (4%) percent room tax. This does not include a right of reimbursement from the United States Government, the State of Alaska, or any of the State's political subdivision to the guest.

A	B	C	D	E	F	G
Date of Lodging	Name of Non-Taxable Entity	Name of Guest	(D) First 6 Digits of the Government Credit Card Number or (E) Government Issued Check Number or (F) Government Issued PO Number			Tax-Exempt Amount
Total (2A)						\$
(Round to the nearest dollar, enter total on line 2A of the Hotel/Motel Room Tax Return)						