



CITY OF UNALASKA
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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 \$ _____