

Fax to ATTN Room Tax @ (907) 343-6677

U.S. Postal Service (see mailing address at top of form)

Mailing Address
P.O. Box 196650
Anchorage, AK 99519-6650

Physical Address 632 W. 6th Ave., Suite 330 Anchorage, AK 99501

for you to edit and automatically attaches this form as a PDF. For best

results, open the form in Adobe Acrobat Pro when using the button.

AMC 12.20 ROOM TAX MONTHLY INFORMATIONAL RETURN

Only operators offering 110 or more rooms shall file this form (AMC 12.20.045)

Name of Lodging Facility:					Registration Number:	
					* Use the number on the MC Certificate of Registration	
Year:	Select month:	Quarter 1:	Quarter 2:	Quarter 3:	Quarter 4:	
			○ April	∫ July	○ October	
		○ February		○ August	○ November	
		March *	June *	September *	December *	
		* Informatio	nal returns required only f	or the first two months of ea	ach quarter	
	Noto, Du	onolator than	30 days after the mon	th hains rangeted		
	Note. Du	e no later than .	30 days arter the mon	in being reported		
M	ethod of Reporting	(select one)	: Cash C	Accrual		
	GROSS	RENTS				
NONTAXABLE RENTS						
TAXABLE RENTS						
erson Preparing F	Return:					
ame			Date	Phone	#	
				THORE	" [
e Using One of t	he Following Metho	ods:				
2 259 22 01 0	s				E-mail PDF	
• E-mail to par	ula.reiswig@anchor	ageak.gov a	nd wwpt@anchor	ageak.gov Click	ing the button opens an e-ma	

For more information, please visit our web site at www.muni.org/roomtax