

City of Wasilla
(907) 373-9088
Request to Waive Sales Tax Penalty
(WMC 5.16.150 B1)

Date: _____
Account #: _____
Business Name: _____

I am aware that by exercising this option the amount of the sales tax penalty waiver becomes public knowledge.

I am aware that my sales tax account must be current before this request of waiver will be approved.

I am requesting that the sales tax penalty for the month and year of _____ be waived.

The total late fee, penalty, and interest that I owe for this month is \$_____ and **must be paid in full.**

The amount of the late fee and penalty to be waived is \$_____.

I understand, if approved, the amount will be applied as a credit to the account to use on a future transaction.

I am paying the sales tax penalty, interest, and balance due **within 45 business days** of the due date and asking that the Finance Director approve this request per WMC 5.16.150.B.1. I understand that I may request that the Finance Director waive a sales tax penalty only once in a 12-month period and that my sales tax account must be current.

By electronically signing below, I understand the terms and eligibility of applying for a penalty waiver.

Owner or Business Representative Name: _____

Owner or Business Representative Signature: _____

FOR OFFICE USE ONLY

Date sales tax return was due: _____

Date sales tax return was received: _____ (attach copy)

Date sales tax, late fee, penalty, and interest was paid in full: _____ \$_____

Payment Method: MR Check MR CC Cash Check # _____

Amount of penalty to be waived/credited to the account: \$_____

Account in good standing? Yes No

Waiver in last 12 months? No Yes

Quarter Applied: _____

Approved by Finance Director: _____