Tax Compliance Certification			
Kenai Peninsula Borough			
Finc			
144 N. Binkley Street	P	hone: (907) 714-2197	
Soldotna, Alaska 99669-7599		or: (907) 714-2175	
www.kpb.us		Fax: (907) 714-2376	
1.) Fill in all information requested.	2.) Sign and date. 3.) Submit		For Official Use Only
Reason for Certificate:		For Department:	
Solicitation Other:		Dept. Contact:	
Business Name:			
Business Type:	🗌 Individual 🗌 Corpor	ration Partnership	Other:
Owner Name(s):			
Business Mailing Address:			
Business Telephone:		Business Fax:	
Email:			
will be awarded to any individua several areas of taxation.	I or business who is found to	be in violation of the Borc	ugh Code of Ordinances in the
REAL/PERSONAL/BUSINESS PRO ACCT. NO.	ACCT. NAME	TAX ACCOUNTS/STAT	TUS (TO BE COMPLETED BY KPB) BALANCE DUE
ACCI. NO.	ACCI. NAME		BALANCE DUE
			Compliance 🗌 Not in Compliance
KPB Finance Department (signature	required)	Date	
SALES TAX ACCOUNTS		TAX ACCOUNTS/STAT	US (TO BE COMPLETED BY KPB)
ACCT. NO.	ACCT. NAME	FILED THRU M	/F's BALANCE DUE
			Compliance 🗌 Not in Compliance
KPB Sales Tax Division (signature required)		Date	
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CERTIFICATION: I, _______ the ______, hereby certify that, to the _______, hereby certify that, to the _______, hereby certify that, to the _______, best of my knowledge, the above information is correct as of ______.