CITY OF CENTRAL
Sales and Use Tax Return

City of Central
c/o Finance Department
PO Box 249
Central City, CO 80427

Phone: 303-582-5251
Fax: 303-582-5210

Name of Business:	Company Name: (If Different)
Physical Address:	Mailing Address: (If Different)

Account #:_____ Report Period: Month_____ Year_____

1	Gross Sales & Service		6A	City Sales Tax 4% General of Line 5	
			6B	Amount of Line 5 Subject to Lodger's Tax $_____x 3%	
2A	Add: Bad Debt Collected		7	Excess Tax Collected	
2B	Total Line 1 and 2A		8	Adjusted City Tax (Add lines 6A, 6B &7)	
3	A. Non-taxable Service		9	Deduct 3.33% of line 8 (Vendors Fee if rcv'd by due date)	
	B. Sales For Resale		10	City Sales Tax 2% Public Safety of Line 5	
	C. Sales Shipped out of City		11	Deduct 3.33% of line 10 (Vendors Fee if rcv'd by due date)	
	D. Bad Debts		12	TOTAL SALES TAX (Add lines 9 and 11)	
	E. Trade-Ins for Resale		13	Use Tax Due (From Schedule B Below)	
	F. Gas & Cigarettes		14	Amount of Line 5 Subject to Marijuana Tax $_____x 5%	
	G. Government, Religious Charitable		15	TOTAL TAX DUE (Add lines 12, 13 and 14)	
	H. Returned Goods		16A	Penalty 10% of Total line 15 if late	
	I. Prescriptions		16B	Interest 1%/ month of Total line 15 if late	
	J. Other Deductions		16C	TOTAL TAX, PENALTY & INTEREST	
4	Total Deductions (Add lines A-J)		17	Add/Deduct(only if you have received notification)	
5	Net Taxable (line 2B minus line 4)		18	TOTAL DUE & PAYABLE >>>>>>>>>>>>>>	

SCHEDULE B - CITY USE TAX

The City of Central Municipal Code (Sec.4-3-90) imposes a tax on every person who uses, distributes or consumes tangible personal property or services purchased inside or delivered into the City.

Date of Purchase	Name of Vendor & Address	Type of Commodity Purchased	Purchase Price
Total purchase price of property/service subject to City Use Tax >>>>>: >>>>>>			
Use Second Sheet if Necessary	Use Tax Due: Multiply total by 4% General>>>>>>>>>>>>		
	Use Tax Due: Multiply total by 2% Public Safety>>>>>>>>>>>>		

YOU MUST FILL OUT THE INFORMATION BELOW & SIGN YOUR RETURN. RETURN MUST BE RECEIVED BY THE 20TH OF THE MONTH FOLLOWING THE REPORTING PERIOD.

I declare under penalty of perjury that the information contained on this form is true and correct to the best of my knowledge.

Signature:_____ Date:_____

Title:_____ Phone:_____