

PERIOD COVERED _____ ACCOUNT NUMBER _____

DUE _____

COMPANY NAME: _____



CITY OF CENTRAL
 PO BOX 249 CENTRAL CITY, CO 80427
 SALES/USE TAX RETURN

COMPUTATION OF TAX

5A. AMOUNT OF CITY SALES TAX 4% OF LINE 4	
5B. AMOUNT OF LINE 4 SUBJECT TO LODGER'S TAX: _____ X 3 %	
6. ADD: EXCESS TAX COLLECTED:	
7. ADJUSTED CITY TAX: (ADD LINES 5A, 5B & 6)	
8. DEDUCT 3 1/3% OF LINE 7 (VENDORS FEE, IF PAID BY DUE DATE)	
9. TOTAL SALES TAX (LINE 7 MINUS LINE 8)	
10. CITY USE TAX - AMOUNT SUBJECT TO TAX _____ X 4 %	
11. TOTAL TAX DUE: (ADD LINES 9 AND 10)	
12. LATE FILING (IF RETURN IS FILED AFTER DUE DATE) PENALTY 10% PLUS 1% INTEREST	
13. TOTAL TAX PENALTY AND INTEREST DUE: (ADD LINES 11 AND 12) ▶	
14. ADJUSTMENT PRIOR PERIODS ATTACH COPY OF OVER OR UNDER PAYMENT NOTICE A- ADD: ▶ B- DEDUCT: ▶	
15. TOTAL DUE AND PAYABLE MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF CENTRAL	

1. GROSS SALES AND SERVICE: TOTAL RECEIPTS FROM CITY ACTIVITIES MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INCL. ALL SALES, RENTALS AND LEASES AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE.

2A. ADD: BAD DEBTS COLLECTED _____

2B. ADD: TOTAL LINES 1 & 2A _____

D E D U C T I O N S	3. A. NON-TAXABLE SERVICE SALES (INCL IN ITEM 1 ABOVE)	
	B. SALES TO OTHER LICENSED DEALERS * FOR PURPOSES OF TAXABLE RESALE	
	C. SALES SHIPPED OUT OF CITY AND OR STATE (INCLUDED IN ITEM 1 ABOVE)	
	D. BAD DEBTS (ON WHICH CITY SALES TAX HAS BEEN PAID)	
	E. TRADE-INS FOR TAXABLE RESALE	
	F. SALES OF GASOLINE AND CIGARETTES	
	G. SALES TO GOVERNMENTAL RELIGIOUS * AND CHARITABLE ORGANIZATIONS	
	H. RETURNED GOODS	
	I. PRESCRIPTION DRUGS/PROSTHETIC DEVICES	
	J. OTHER DEDUCTIONS (LIST)	
	K.	
L.		
M.		

3. TOTAL DEDUCTIONS (TOTAL OF LINES 3A THRU 3M) _____

4. TOTAL CITY NET TAXABLE SALES & SERVICE _____

SCHEDULE A

SPECIAL MESSAGE TO AND FROM CITY/TAXPAYER
IF YOUR MONTHLY TAX COLLECTED IS LESS THAN \$60
PLEASE FILE QUARTERLY

SCHEDULE - B - CITY USE TAX
 The Municipal Code imposes a tax upon the privilege of using, storing, distributing or otherwise consuming in the Municipality tangible property or taxable services purchased, rented or leased.

DATE OF PURCHASE	NAME OF VENDOR ADDRESS	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE
(A) LIST OF PURCHASES (IF ADDITIONAL SPACE NEEDED - ATTACH SCHEDULE IN SAME FORMAT)			
(B) TOTAL PURCHASE PRICE OF PROPERTY SUBJECT TO CITY USE TAX			
ENTER TOTAL LINE (B) ON LINE 10 ABOVE.			

SCHEDULE - C - CONSOLIDATED ACCOUNTS REPORT THIS SCHEDULE IS REQUIRED IN ALL CASES IN WHICH THE TAXPAYER MAKES A CONSOLIDATED RETURN WHICH INCLUDES SALES MADE AT MORE THAN ONE LOCATION. IT MUST BE COMPLETELY FILLED OUT AND CONVEY ALL INFORMATION REQUIRED IN ACCORDANCE WITH THE COLUMN HEADING. IF ADDITIONAL SPACE IS NEEDED ATTACH SCHEDULE IN SAME FORMAT.

ACCOUNT NUMBER	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1)	PERIODS NET TAXABLE SALES (AGGREGATE TO LINE 4)
(A) LIST OF PURCHASES (IF ADDITIONAL SPACE NEEDED - ATTACH SCHEDULE IN SAME FORMAT)		\$	\$
(B) TOTAL PURCHASE PRICE OF PROPERTY SUBJECT TO CITY USE TAX			
ENTER TOTALS HERE AND ABOVE		\$	\$

NEW BUSINESS DATE _____ DISCONTINUED DATE _____

SHOW BELOW CHANGE OF OWNERSHIP AND/OR ADDRESS, ETC.

- If ownership has changed, give date of change and new owner's name
- If business has been permanently discontinued, give date discontinued
- If business location has changed, give new address
- Records are kept at what address?
- If business is seasonal, give month of operation
- If the return includes sales for more than one location, refer to and complete schedule "C"
- If the business is temporarily closed, give dates to be closed

I hereby certify under penalty of perjury, that the statements made herein are to the best knowledge, true and correct.

BY _____

COMPANY _____

TITLE _____

DATE _____

PHONE _____