

PERIOD COVERED _____ DUE DATE _____ ACCOUNT NUMBER _____

1. GROSS SALES AND SERVICE	(TOTAL RECEIPTS FROM CITY ACTIVITIES MUST BE REPORTED INCLUDING ALL SALES, RENTALS AND LEASES, AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE)	
2A. ADD: BAD DEBTS COLLECTED		
2B. TOTAL LINES 1 & 2 A		
3. A. NON-TAXABLE SERVICE SALES	(INCLUDED IN ITEM 1 ABOVE)	
B. SALES TO OTHER LICENSED DEALERS FOR TAXABLE RESALE		
C. SALES SHIPPED OUT OF CITY AND/OR STATE	(INCLUDED IN ITEM 1 ABOVE)	
D. BAD DEBTS CHARGED OFF	(ON WHICH CITY SALES TAX HAS BEEN PAID)	
E. TRADE-INS FOR TAXABLE RESALE	(FOR CITY TAXABLE SALES ONLY)	
F. SALES OF GASOLINE AND CIGARETTES		
G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS		
H. RETURNED GOODS	(ON WHICH CITY TAX WAS PAID)	
I. PRESCRIPTION DRUGS AND PROSTHETIC DEVICES		
J. GROCERIES EXEMPTED BY SECTION 2-7-415 OF ORDINANCE		
K. OTHER DEDUCTIONS (LIST)		
L.		
M.		
3. TOTAL DEDUCTIONS	(TOTAL OF LINES 3 A THRU M)	
4. TOTAL CITY NET TAXABLE SALES & SERVICE	(LINE 2B MINUS TOTAL LINE 3)	

COMPUTATION OF TAX	
5A. AMOUNT OF CITY SALES TAX:	3.12 % OF LINE 4
B. AMOUNT OF LINE 4 SUBJECT TO LODGERS' TAX	X 2.0 % =
C. AMOUNT OF LINE 4 SUBJECT TO AUTO RENTAL TAX	X 1.0 % =
6. ADD: EXCESS TAX COLLECTED:	
7. ADJUSTED CITY TAX: (ADD LINES 5A, B, C & LINE 6)	
8. DEDUCT	0 % OF LINE 7 (VENDORS FEE, IF PAID BY DUE DATE) XXXXXX XX
9. TOTAL SALES TAX (LINE 7 MINUS 8)	
(FROM SCHEDULE B ON YOUR COPY)	
10. CITY USE TAX - AMOUNT SUBJECT TO TAX	X 3.12 % =
11. TOTAL TAX DUE: (ADD LINES 9 AND 10)	
12. (LATE FILING IF RETURN IS FILED AFTER DUE DATE) ADD: PENALTY: 10% INTEREST PER MONTH: .5%	ENTER TOTAL
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 COLORADO SPRINGS)

CITY COPY PLEASE COMPLETE THIS FORM ON REVERSE SIDE

BUSINESS NAME:
BUSINESS MAILING ADDRESS:

SHOW BELOW NAME AND/OR ADDRESS CHANGE:
 BUSINESS ADDRESS / MAILING ADDRESS

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

SIGNATURE _____
 COMPANY _____
 PHONE _____
 EMAIL _____
 TITLE _____ DATE _____



CANCELLATION DATE MO / DAY / YR

IF NO LONGER IN BUSINESS, RETURN SALES TAX LICENSE WITH THIS RETURN.

DETACH AND RETURN THIS COPY

RETURN MUST BE FILED EVEN IF NO TAX IS DUE

RETURNS ARE LATE IF NOT IN TAX OFFICE OR POSTMARKED BY DUE DATE

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PLEASE COMPLETE THIS FORM ON REVERSE SIDE

SCHEDULE - A SPECIAL MESSAGES TO AND FROM CITY / TAXPAYER

BUSINESS NAME:
BUSINESS MAILING ADDRESS:

