


ACCOUNT NUMBER:
 PERIOD COVERED: FROM: MM DD YYYY TO: MM DD YYYY
 DUE DATE:
 TODAY'S DATE:



SALES/USE TAX RETURN
 MAIL THIS FORM TO THE 'Sales Tax Division'
 749 Main Street, Louisville, CO 80027
 (303) 335-4514 (p)
 (303) 335-4529 (f)

TAXPAYERS INFORMATION

COMPANY: _____ **IN BUSINESS AS:** _____
ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
TITLE: _____ **PHONE:** _____ **FAX:** _____

1		GROSS SALES AND SERVICE	TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INC. ALL SALES, RENTALS AND LEASES AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE	\$	COMPUTATION OF TAX		
2	A	ADD BAD DEBTS COLLECTED		\$	5	AMOUNT OF CITY SALES TAX (3.5%)	\$
2	B	TOTAL LINES 1 & 2A		\$	6	ADD EXCESS TAX COLLECTED	\$
3	A	NON-TAXABLE SERVICE SALES	\$		7	ADJUSTED CITY TAX	\$
D E D U C T I O N S	B	SALES TO OTHER LICENSED DEALERS FOR PURPOSE OF TAXABLE RESALE	\$		8	NO VENDOR FEE ALLOWED	\$ 0.00
	C	SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN ITEM1 ABOVE)	\$		9	LINE NOT USED	
	D	BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)	\$		10		\$
	E	TRADE-INS FOR TAXABLE RESALE	\$		11	TOTAL TAX DUE (LINE 7)	\$
	F	SALES OF GASOLINE AND CIGARETTES	\$		12	IF RETURN IS FILED AFTER DUE DATE ADD 10% OR \$15 WHICHEVER IS GREATER + 1% INTEREST PER MONTH	\$
	G	SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS	\$		13	TOTAL TAX PENALTY AND INTEREST DUE (LINE 11 + 12)	\$
	H	RETURNED GOODS (ON WHICH CITY TAX WAS PREVIOUSLY PAID)	\$		14	ADJUSTMENT PRIOR PERIODS OF OVER OR UNDERPAYMENT NOTICE	A - ADD \$
				B - DEDUCT \$			
	I	PRESCRIPTION DRUGS / PROSTHETIC DEVICES	\$		15	TOTAL DUE AND PAYABLE (MAKE CHECK PAYABLE TO CITY OF LOUISVILLE)	\$
	J	OTHER DEDUCTIONS (LIST)	\$				
	K		\$				
L		\$					
M		\$					
3	TOTAL DEDUCTIONS		\$		SIGNATURE: _____		
4	TOTAL CITY NET TAXABLE SALES & SERVICE		\$		DATE: _____		

I HEREBY CERTIFY UNDER PENALTY OR PERJURY, THAT THE STATEMENT MADE HEREIN ARE TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT

ADDRESS CHANGE NOTIFICATION

MAILING ADDRESS:	BUSINESS LOCATION:
ADDRESS: _____	ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____

BUSINESS STATUS CHANGES

OWNERSHIP CHANGE:	LOCATION OF RECORDS:	BUSINESS CLOSURE:
DATE: _____	COMPANY: _____	DATE: _____
NEW OWNER: _____	STREET: _____	
PHONE: _____	CITY/STATE/ZIP: _____	