Taxpayer Name and Address



City of Glendale SALES/USE TAX RETURN

Mail to: City of Glendale Tax Administration

Glendale, CO 80246

Email:

crice@glendale.co.us (303) 639-4706

950 S. Birch St.

Phone: Fax:

(303) 639-4707

| PER | IOD | COVERED |
|-----|-----|---------|
| | | |

DUE DATE

LICENSE #

| | | COMPUTAT | ION C | F TAX | | | | |
|-----|--|----------|-------|--|--|--|-----------------|--|
| 1, | GROSS SALES AND SERVICES: (BEFORE SALES TAX) MUST BE REPORTED INCLUDING ALL SALES, RENTALS, LEASES, AND SERVICES, BOTH TAXABLE AND NON-TAXABLE | \$ | 5A. | NET SALES TAX (LINE 4 x 3.75%) | | \$ | | |
| 2A. | ADD BAD DEBTS COLLECTED WHICH WERE PREVIOUSLY DEDUCTED | \$ | 5B. | LODGER'S TAX — APPLIES TO HOTEL, MOTEL, APARTMENT HOTEL, EXTENDED STAY HOTEL, MOTOR HOTEL, BED-AND- BREAKFAST, ETCX 6.5% | | \$ | | |
| 2B. | TOTAL LINES 1 AND 2A | \$ | 6. | ADD EXCESS TAX COLLECTED | | | | |
| 3, | A. NON-TAXABLE SERVICES OR LABOR (INCLUDED IN ITEM 1 ABOVE) | \$ | 7. | NET ADJUSTED TAX (ADD LINES 5A, 5B & 6) | | \$ 12-34-34-3-4-34-4-4-4-4-4-4-4-4-4-4-4-4-4 | | |
| | B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE | \$ | 8. | CITY USE TAX-AMOUNT SUBJECT TO TAXX 3.75% (SEE SCHEDULE B BELOW) | | \$ | | |
| | C. SALES SHIPPED OUT OF THE CITY OF GLENDALE (INCLUDED IN ITEM 1 ABOVE) | \$ | 9. | TOTAL TAX DUE (ADD LINES 7 & 8) | | \$ | | |
| | D. BAD DEBTS CHARGED OFF (ON WHICH CITY TAX WAS PREVIOUSLY PAID) | \$ | 10. | LATE FEES DUE IF FILED | PENALTY: \$100 OR 10% OF LINE 9 (WHICH EVER IS GREATER-EVEN IF ZERO) | \$ | PUT TOTAL BELOW | |
| | E. TRADE-INS FOR TAXABLE RESALE | \$ | | AFTER DUE DATE | INTEREST: 1.5% PER MONTH OF LINE 9 | \$ | \$ | |
| | F. SALES OF GASOLINE AND CIGARETTES | \$ | 11. | PRIOR PERIOD ADJUSTMENT FOR OVER OR UNDERPAYMENTS | | \$ | | |
| | G. SALES TO GOVERNMENTAL, RELIGIOUS, AND CHARITABLE ORGANIZATIONS | \$ | 12 | 12. TOTAL DUE AND PAYABLE – ADD LINES 9 THROUGH 11 (MAKE CHECK PAYABLE TO CITY OF GLENDALE) | | \$ | | |
| | H. RETURNED GOODS (ON WHICH CITY TAX WAS PREVIOUSLY PAID) | | | | | | | |
| | I. PRESCRIPTION DRUGS/PROSTHETIC DEVICES | \$ | SIGN | SIGNATURE: | | | | |
| | J. OTHER DEDUCTIONS (PLEASE EXPLAIN) | \$ | | | | | | |
| | К. | \$ | DATE | DATE: TITLE: PHONE: EMAIL: | | | | |
| 3. | TOTAL DEDUCTIONS (ADD LINES 3A THRU 3K) | \$ | PHOP | | | | | |
| 4. | TOTAL CITY NET TAXABLE SALES & SERVICE (LINE 2B MINUS LINE 3) | \$ | | Ellinia . | | | | |

SCHEDULE B

| Date of | Name of Vendor/Address | Type of Commodity Purchased | Purchase Price |
|-----------------|------------------------|-----------------------------|----------------------------------|
| <u>Purchase</u> | | | |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | Total Subject to Use Tax | MAIN \$ = VERY ENGINE WELFER AND |

| CHANGES | | | | |
|---------------------------|--|-------------------------------------|--|--|
| Mailing Address | | | | |
| Address: | New Email: | New Owners (Requires a new license) | | |
| | | Date: | | |
| City, ST, Zip: | New Business Phone: | Name: | | |
| | | Phone: | | |
| Business Location Address | New Contact Phone: | | | |
| Address: | | Business Closure or Sale | | |
| | Filing Frequency: Call or email for change | Date: | | |
| City, ST, Zip: | | | | |