Tax Department
950 South Birch Street
Glendale, CO 80246
(303) 639-4706

CITY OF GLENDALE
OCCUPATIONAL PRIVILEGE TAX RETURN

YOU MUST FILE A RETURN EVEN IF YOU HAVE DETERMINED THAT NO TAX IS DUE

INSTRUCTIONS

LINE A This line should include all employees that receive gross compensation of $750 or more in a month and work all or part of their time within Glendale. Employees that have furnished a form verifying another employer is withholding, would be excluded from this total.

LINE B This line should include all employees that receive gross compensation of $750 or more in a month and work all or part of their time within Glendale. This figure should include all employees even though the employee may have another employer that is withholding. Self-employed individuals, owners, partners and officers who are not paid a salary or commission are subject to only the employer portion of the tax, and must be included in this line.

LINE C This line is a total of the employees on line A and line B, (multiplied by 12 if an annual return), multiplied by the tax rate of $5.00 per month.

LINE D Include Penalty of 10% or $100, which ever is greater, if return is not filed by **due date** indicated on this form.

LINE E Include Interest of 1.5% for each month the return is filed after the **due date.** Any portion of a month counts as a whole month.

LINE F Credits: Include a full explanation of reason for the credit claimed. Attach appropriate documentation with all details.

LINE G City Issued Adjustment from previous period: If an amount shows up on this line, add if balance due, deduct if credit.

LINE H This line is a total of lines C + D + E - F +/- G. If you file a tax return showing "NO TAX LIABILITY", please include a full explanation.

Account Number	Period Covered	Due Date

Line	DESCRIPTION				TAX RATE	GRAND TOTAL	
A	# of Employees from whom tax was withheld:						
B	# of Employees for whom business must match:						
C	**Total (A + B = C)**		**Annual (C x 12)**		X $ 5.00	$	C
D	Late Filing Penalty: Line C x 10% or $100 which ever is greater				+	$	D
E	Late Filing Interest: Line C x 1.5% per **each month** delinquent				+	$	E
F	Less Credit (Documentation must be attached)				-	$	F
G	Balance From Previous Period				+ or -	$	G
H	**Total Due: (Add C + D + E - F +/- G)**					$	H

CHECK BOXES AND COMPLETE INFORMATION AS APPROPRIATE	
☐ **MAILING ADDRESS CHANGE** (For Sales Tax Returns) _____	☐ **FINAL RETURN - CANCEL ACCOUNT OUT OF BUSINESS DATE**_____
☐ **MAILING ADDRESS CHANGE** (For OPT Returns) _____	☐ **CHANGE OF OWNERSHIP DATE**_____ New Owner_____ New Address (Use space at left)
☐ **LOCATION ADDRESS CHANGE** _____	☐ **PHONE CHANGE** (_____) _____

MAKE A COPY OF THIS RETURN FOR YOUR RECORDS, AND MAIL ORIGINAL WITH THE PROPER PAYMENT TO THE CITY OF GLENDALE

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

BY: _____

TITLE: _____

DATE: _____