CITY OF FORT COLLINS
DEPARTMENT OF FINANCE / SALES TAX DIVISION
P.O. BOX 440 FORT COLLINS, CO 80522-0439
PHONE 970-221-6780 FAX 970-221-6782
E-MAIL salestax@fcgov.com

LODGING TAX RETURN

PERIOD COVERED	DUE DATE	ACCT.#

1.	**GROSS SALES AND SERVICE** (TOTAL RECEIPTS FROM CITY ACTIVITY 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.	**TOTAL LINES 1 & 2A**	
3. DEDUCTIONS	**A.** NON-TAXABLE SERVICE (INCLUDED 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 CHARGED OFF (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. Food Stamps	
	K. Lodging Over 30 days	
	L. Grocery Food Sales	
	M. Other	
	3. TOTAL DEDUCTIONS (TOTAL OF LINES 3 A THRU M)	
4.	**TOTAL CITY NET TAXABLE SALES & SERVICES** (LINE 2B MINUS TOTAL LINE 3)	

COMPUTATION OF TAX

5.	AMOUNT OF CITY LODGING TAX: 3% OF LINE 4		
6.	ADD: EXCESS TAX COLLECTED		
7.	ADJUSTED CITY TAX (ADD LINES 5 AND 6)		
8.	**RETAILER'S FEE HAS BEEN ELIMINATED FOR TAXES COLLECTED ON OR AFTER 1/1/2010**		
9.	TOTAL LODGING TAX (LINE 7)		
10.	LATE FILLING IF RETURN IS FILED AFTER DUE DATE THEN ADD: PENALTY:10% / INTEREST PER MONTH: 1% / ASSESSMENT FEE $25.00 — ENTER TOTAL ☞		
11.	TOTAL TAX DUE AND PAYABLE (ADD LINES 9 AND 10		
12.	ADJUSTMENTS FOR PRIOR PERIODS - ATTACH COPY OF NOTICE		
13.	**TOTAL DUE AND PAYABLE:** MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF FORT COLLINS		

SCHEDULE A

NEW BUSINESS DATE
MO. DAY YEAR

DISCONTINUED DATE
MO. DAY YEAR

1. If ownership has changed, give date of change and new owner's name.
2. If business has been permanently discontinued, give date discontinued.
3. If business location has changed, give new address.
4. Records are kept at what address? _____
5. If business is temporarily closed, give dates to be closed.
6. If business is seasonal, give months of operation.
7. If this return includes sales for more than one location, refer to and complete schedule "C".

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

_____
_____
_____
_____

☐ BUS. 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.

BY:_____

COMPANY:_____

PHONE:_____

TITLE _____ DATE _____