



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, WEB: www.fcgov.com/salestax

COMPUTATION OF TAX

| 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 | | |
| DEDUCTIONS | 3. A. NON-TAXABLE SERVICE SALES (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) | | |

| | | |
|--|--|--------------------|
| 5A. AMOUNT OF CITY SALES TAX: 3% OF LINE 4 | | |
| 5B. GROCERIES AMOUNT SUBJECT TO TAX: (LINE 3L) \$ _____ x 2.25% | | |
| 6. ADD: EXCESS TAX COLLECTED | | |
| 7. ADJUSTED CITY TAX (ADD LINES 5A, 5B, AND 6) | | |
| 8. DEDUCT RETAILERS FEE IF PAID BY DUE DATE | PERCENT OF LINE 7 1% OF FIRST \$4500 (MAXIMUM \$45) | ENTER TOTAL |
| 9. TOTAL SALES TAX (LINE 7 MINUS LINE 8) | | |
| 10. NET TAXABLE USE TAX (FROM SCHEDULE B) | | |
| 11. USE TAX 3.00% OF LINE 10 | | |
| 12. LATE FILING IF RETURN IS FILED AFTER DUE DATE THEN ADD: | PENALTY: 10% INTEREST PER MONTH: 1% ASSESSMENT FEE: \$25.00 | ENTER TOTAL |
| 13. TOTAL TAX DUE AND PAYABLE (ADD LINES 9,11,12) | | |
| 14. ADJUSTMENTS FOR PRIOR PERIODS - ATTACH COPY OF NOTICE | | |
| 15. TOTAL DUE AND PAYABLE: | MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF FORT COLLINS | |

SCHEDULE A

SCHEDULE - B - CITY USE TAX

The use tax ordinance imposes a tax upon the privilege of using, storing, distributing or otherwise consuming in the City tangible property or taxable services purchased, rented or leased.

| DATE OF PURCHASE | NAME OF VENDOR ADDRESS | TYPE OF COMMODITY PURCHASED | PURCHASE PRICE |
|---|------------------------|-----------------------------|----------------|
| (A) LIST OF PURCHASES (IF ADDITIONAL SPACE NEEDED - ATTACH SCHEDULE IN SAME FORMAT) | | | |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| (B) TOTAL PURCHASE PRICE OF PROPERTY SUBJECT TO CITY USE TAX ENTER TOTAL LINE (B) ON LINE 10 ON TOP OF RETURN | | | \$ |

SCHEDULE - C - CONSOLIDATED ACCOUNTS REPORT

This schedule is required in all cases in which the taxpayer makes a consolidated return which includes sales made at more than one location. It must be completely filled out and convey all information required in accordance with the column headings. If additional space is needed attach schedule in same format.

| BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS | PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1 TOP OF RETURN) | PERIODS NET TAXABLE SALES (AGGREGATE TO LINE 4 TOP OF RETURN) |
|---|---|---|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| ENTER TOTALS HERE AND TOP OF RETURN | | \$ |

NEW BUSINESS DATE MO. DAY YEAR _____

DISCONTINUED DATE MO. DAY YEAR _____

- If ownership has changed, give date of change and new owner's name.
- If business has been permanently discontinued, give date discontinued.
- If business location has changed, give new address.
- Records are kept at what address?
- If business is temporarily closed, give dates to be closed.
- If business is seasonal, give months of operation.
- 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 _____