



Financial Services
 Sales Tax Division
 215 North Mason Street, 2nd Floor
 P.O. Box 580
 Fort Collins, CO 80522

970.221.6780
 970.221.6782 - fax
fcgov.com/salestax

USING THE ON-LINE SALES TAX SYSTEM

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The online system can be accessed by using the following link found on our Sales Tax homepage. Please see the homepage address and screenshot below. Please bookmark our online system for ease of access in the future.

<http://www.fcgov.com/salestax/>

Click on “Sign in to the Sales Tax System”

Access the Online Sales Tax System

Note: To create your profile, you will need your sales tax account number and your last payment amount.

[➔ Sign in to the Sales Tax system](#)

(If you filed zero returns on-line prior to 2014, you will need to create a profile in the new system.)

🔍 Questions?

- [📄 On-line Filing Instructions \(561KB\)](#)
- [Read the FAQ's](#)
- Contact the Sales Tax Office with additional questions at 970-221-6780

ACCESSING THE SYSTEM

Enter User Name and Password if you already have account and go to page 3 of this document. If you do not have an on-line account select "First-time user? Register here"



The image shows a user login and registration interface. At the top, it says "Please Enter your User Name and Password". Below this are two input fields: "User Name" and "Password". A "Log In" button is positioned below the password field. Underneath the button is a link: "Forgot your user name or password?". At the bottom of the form is another link: "First-time user? Register here", which is highlighted with a red arrow pointing to it from the right.

Please Enter your User Name and Password

User Name

Password

[Forgot your user name or password?](#)

[First-time user? Register here](#)

FIRST TIME USER

1. Set up User Name, Password, and E-mail address.

If you have a City of Fort Collins sales tax license, select “Use Sales Tax Acct. Number and Last Payment Amt”,
If you do not have an account number, select “I don’t have a Sales Tax Number”.
Select Next.

Account Creation

If you already have a sales tax account please select Use Sales Tax Account Number and Last Payment Amount from the drop down next to How can we identify you.

Create a User Name and Password. Password must be between 6 and 16 characters long. It must contain letters. Numeric characters and special characters are allowed but optional. Special characters allowed: !@#%&^&*()

User Name

Password

Repeat Password

E-mail address

How can we identify you? ▼

2. If you already have a sales tax license then you’ll be prompted to enter your Sales Tax Account/License Number and the last amount paid to the City of Fort Collins.

If a zero return was filed or this is the first return filed, enter “0”. Click “Search by Account”.

Search by Account and last payment amount

ST Account

Amount

Search your name by ST Account and Amount

3. If the account is correct, select "Create Profile".

User Information

User Name testaccount
e-mail pstreeter@fcgov.com

Account Details

TEST ACCOUNT
215 N MASON
FORT COLLINS CO 80524

Confirm

4. Home page will open.



Summary test999930

Home | [File a Return](#) | [Print Returns or License](#) | [Pay Balance](#) | [Apply for a License](#) | [Renew License](#) | [Application Attachments](#) | [Update Account Info](#) | [City Website](#) | [Sign Out](#)

Version: 6.0.1611.405

Welcome!
Please select a menu from above to begin.

Thank you for using our interactive Web site

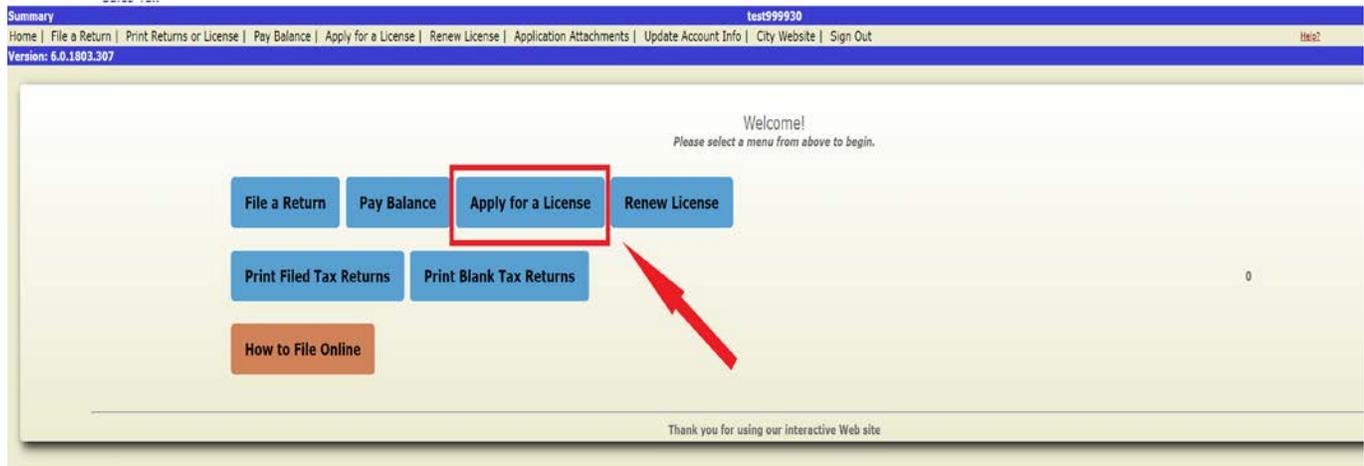
Payment Processor Information

BEFORE making a payment please verify with your bank you do not have a debit block on your account. If you have a debit block and try to make a payment using an e-check, it will be denied and you will be unable to make an e-check payment. Please contact our office before attempting a payment so we can give you the originator/company ID you need to provide your bank.

City of Fort Collins Sales Tax Office
Physical Address: 215 North Mason Street, Fort Collins, CO 80524
Mailing Address: PO Box 580, Fort Collins, CO 80522-0580
Phone: (970)221-6780
Fax: (970)221-6782
Email: salestax@fcgov.com
Website: <http://fcgov.com/salestax>

APPLY FOR A LICENSE

1. Select "Apply for a license".



2. Select the type of license you want to apply for.

The following licenses can be applied for using our online system: Sales Tax/Business, Lodging Tax, Outdoor Vendor, Short Term Rental, Solicitor Permit, and Tax Exempt Organization.

3. Once you've selected the correct type of license to apply for you will then complete the application fields. The system will prompt for required fields and will allow you to review the information before submitting the application.

4. FAQ's Regarding License Applications:

a. Sales Tax/Business

i. Filing Frequency:

MONTHLY filing is required if the average monthly tax liability is \$300 or more. The return is due on the 20th day of the month following the taxable month. At a tax rate of 3.85% this would be \$7,799 or more in taxable sales.

QUARTERLY filing is allowed if the average monthly tax liability is less than \$300. The dates are April 20, July 20, October 20 and January 20. At a tax rate of 3.85% this would be \$7,799 or less in taxable sales.

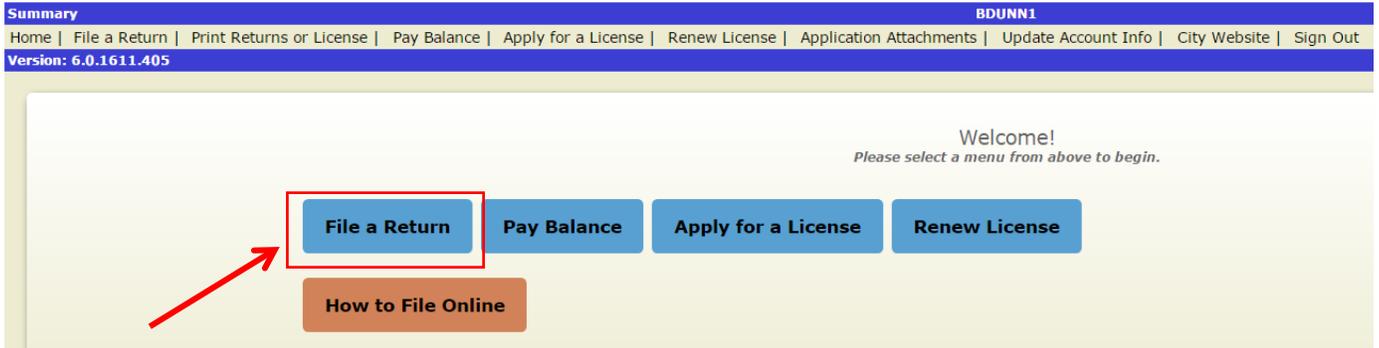
ANNUAL filing is allowed if the average monthly tax liability is less than \$25. The return is due on the 20th day of January following the taxable year. At a tax rate of 3.85% this would be \$649 or less in taxable sales.

If the due date falls on a holiday or weekend, the return will be considered due on the next business day.

If filing returns under the above rules creates an unnecessary hardship because of the accounting method regularly employed (such as 13 periods per year, or a 4-4-5 week system), the taxpayer may apply, in writing, to file on another basis.

FILE A RETURN

2. Select "File a Return".



3. Verify the appropriate year has been selected.
Click "Select" on the left.



4. Select the period you are filing for.
 Enter the information the same as on the paper return.
 If filing a zero return check the box next to "Zero filer".

Account Number	00132915	Business Name	TEST ACCOUNT 215 N MASON FORT COLLINS CO 80524
Reporting Period	MONTHLY	Date	2/17/2016
Period Covered *	<input type="text" value="MONTHLY"/> <ul style="list-style-type: none"> 2 - MONTHLY 3 - MONTHLY 4 - MONTHLY 5 - MONTHLY 6 - MONTHLY 7 - MONTHLY 8 - MONTHLY 9 - MONTHLY 10 - MONTHLY 11 - MONTHLY 12 - MONTHLY 	Due Date	
		Zero Filer	<input type="checkbox"/>

1. Gross Sales and Services	<input type="text"/>	5A. Amount of City Sales Tax	<input type="text"/>
2A. Add: Bad Debts	<input type="text"/>	5B. Grocery Amt. Sub. to Tax	<input type="text"/>
Total Gross Sales & Serv.	<input type="text"/>	5B. Grocery Tax	<input type="text"/>
3A. Non-Taxable Service Sales	<input type="text"/>	6. Add: Excess Tax Collected	<input type="text"/>
3B. Sales to Other Lic. Dirs.	<input type="text"/>	7. Adjusted City Tax	<input type="text"/>
3C. Sales Shipped Out of City	<input type="text"/>		
3D. Bad Debts Charged Off	<input type="text"/>	9. Total Sales Tax	<input type="text"/>
3E. Trade-Ins for Txbl. Resale	<input type="text"/>	10. Amt Subject to Use Tax	<input type="text"/>
3F. Sales of Gas & Cigarettes	<input type="text"/>	11. Use Tax	<input type="text"/>
3G. Sales to Gov, Relig, Char	<input type="text"/>	12. Assessment Fee	<input type="text"/>
3H. Returned Goods	<input type="text"/>	13. Tax Due and Payable	<input type="text"/>
3I. Pres. Drugs/Prost. Device	<input type="text"/>		
3J. Food Stamps	<input type="text"/>	15. Total Due and Payable	<input type="text"/>
3K. Lodging Over 30 Days	<input type="text"/>		
3L. Grocery Food Sales	<input type="text"/>		
3M. Other	<input type="text"/>		
3. Total Deductions	<input type="text"/>		
4. Tot. City Net Taxable	<input type="text"/>		

Check this box if filing a Zero Return

5. Scroll to the bottom and select “Calculate/Continue”

Clear all the fields

Calculate/Continue

6. The system will then calculate the amount of sales and use tax due based on the amounts you have entered.

Account Number	00132915	Business Name	TEST ACCOUNT 215 N MASON FORT COLLINS CO 80524
Reporting Period	MONTHLY	Date	2/17/2016
Period Covered *	2	Due Date	3/21/2016
		Zero Filer	<input type="checkbox"/>

<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Gross Sales and Services</td><td style="text-align: right;">\$5,000.00</td></tr> <tr><td>2A. Add: Bad Debts</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Total Gross Sales & Serv.</td><td style="text-align: right;">\$5,000.00</td></tr> <tr><td>3A. Non-Taxable Service Sales</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>3B. Sales to Other Lic. Dirs.</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>3C. Sales Shipped Out of City</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>3D. Bad Debts Charged Off</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>3E. Trade-Ins for Txbl. Resale</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>3F. Sales of Gas & Cigarettes</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>3G. Sales to Gov, Relig, Char</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>3H. Returned Goods</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>3I. Pres. Drugs/Prost. Device</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>3J. Food Stamps</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>3K. Lodging Over 30 Days</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>3L. Grocery Food Sales</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>3M. Other</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>3. Total Deductions</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>4. Tot. City Net Taxable</td><td style="text-align: right;">\$5,000.00</td></tr> </table>	1. Gross Sales and Services	\$5,000.00	2A. Add: Bad Debts	\$0.00	Total Gross Sales & Serv.	\$5,000.00	3A. Non-Taxable Service Sales	\$0.00	3B. Sales to Other Lic. Dirs.	\$0.00	3C. Sales Shipped Out of City	\$0.00	3D. Bad Debts Charged Off	\$0.00	3E. Trade-Ins for Txbl. Resale	\$0.00	3F. Sales of Gas & Cigarettes	\$0.00	3G. Sales to Gov, Relig, Char	\$0.00	3H. Returned Goods	\$0.00	3I. Pres. Drugs/Prost. Device	\$0.00	3J. Food Stamps	\$0.00	3K. Lodging Over 30 Days	\$0.00	3L. Grocery Food Sales	\$0.00	3M. Other	\$0.00	3. Total Deductions	\$0.00	4. Tot. City Net Taxable	\$5,000.00	<table style="width: 100%; border-collapse: collapse;"> <tr><td>5A. Amount of City Sales Tax</td><td style="text-align: right;">\$192.50</td></tr> <tr><td>5B. Grocery Amt. Sub. to Tax</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>5B. Grocery Tax</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>6. Add: Excess Tax Collected</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>7. Adjusted City Tax</td><td style="text-align: right;">\$192.50</td></tr> <tr><td>9. Total Sales Tax</td><td style="text-align: right;">\$192.50</td></tr> <tr><td>10. Amt Subject to Use Tax</td><td style="text-align: right;">\$1,000.00</td></tr> <tr><td>11. Use Tax</td><td style="text-align: right;">\$38.50</td></tr> <tr><td>12. Assessment Fee</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>13. Tax Due and Payable</td><td style="text-align: right;">\$231.00</td></tr> <tr><td>15. Total Due and Payable</td><td style="text-align: right;">\$231.00</td></tr> </table>	5A. Amount of City Sales Tax	\$192.50	5B. Grocery Amt. Sub. to Tax	\$0.00	5B. Grocery Tax	\$0.00	6. Add: Excess Tax Collected	\$0.00	7. Adjusted City Tax	\$192.50	9. Total Sales Tax	\$192.50	10. Amt Subject to Use Tax	\$1,000.00	11. Use Tax	\$38.50	12. Assessment Fee	\$0.00	13. Tax Due and Payable	\$231.00	15. Total Due and Payable	\$231.00
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7. Scroll to the bottom.

If you have any documents to attach (i.e. schedule for items subject to use tax, you can attach them here). Click the box next to "I hereby..." and select "Process". You will receive an email stating the City has received an on-line filing.

Add a Document to the Application

Add a Document to the Application

Document Location No file chosen

Notes

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

Please be advised payments made by Credit/Debit cards will be charged a service fee of 2.75% of the tax amount due.

Any applicable penalty and interest will be listed on the next screen.

Note that you should NOT send in a paper copy of your return.

8. Select "Pay Now"

Account Number	00132915	TEST ACCOUNT 215 N MASON FORT COLLINS CO 80524	
Reporting Period	MONTHLY	Date	2/17/2016
Period Covered *	1	Due Date	2/22/2016
		Zero Filer <input type="checkbox"/>	
Total Amount			
Total Amount Without Charges	<input type="text" value="\$231.00"/>		
Under/Over Payment	<input type="text" value="\$0.00"/>		
Total Penalty	<input type="text" value="\$0.00"/>		
Total Discount	<input type="text" value="\$0.00"/>		
Total Interest	<input type="text" value="\$0.00"/>		
Total to Pay	<input type="text" value="\$231.00"/>		
<input type="button" value="Pay Now"/>			

9. Select "Next Step"

The City of Fort Collins does not store bank account or credit card information.

Description	Details		
	Type	Amount	Select
Self Reported Tax		\$231.00	<input checked="" type="checkbox"/>
Account Number 00132915	Total Amount:		\$231.00
		<input type="button" value="Select All"/>	<input type="button" value="Unselect All"/>

10. Select "Next Step" again

Accept the default or enter the amount you want to pay.

Description	Details		Amount To Pay
	Type	Amount	
Self Reported Tax		\$231.00	<input type="text" value="\$231.00"/>
Account Number 00132915	Total Amount:		\$231.00

11. Select "Next Step" – do NOT enter "new Payer" information, let it default to "Web User".

Web User
TEST ACCOUNT
215 N MASON
FORT COLLINS CO 80524

New Payer

First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>
or company name	<input type="text"/>
House Number	<input type="text"/>
Street	<input type="text"/>
Address Line 2	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Zip Code / Postal Code	<input type="text"/>
E-mail	<input type="text"/>

12. The license number and email associated with the online account will be pre-filled on the first screen so you will just need to select "Continue".

 Enter Account Information

Payment Type

 Tax Bill

Please Enter your Account No. as shown on your Bill.

Account Number

Email 

Re-Enter email

[Continue](#)

Paymentus

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[Privacy Policy](#)

13. The First Name, Last Name, Daytime Phone Number and Zip Code are required fields in the top section. The fields in the payment method section are all required. Check the box next to “I authorize ACH direct deposit debit payment (ACH Debit)” and select Continue.

**Enter Payment Information**

First Name Middle Name

Last Name Daytime Phone Number

ZIP Code

Pay this Amount \$

Payment Method

    Credit Card

  Debit Card

 eCheck / Bank Account

Where can I find the below information?

Checking Savings

Routing Number

Account Number

Bank Name

Account Holder Name

[View Authorization Agreement for direct debit payment \(ACH Debit\).](#)

I authorize ACH direct debit payment (ACH Debit).

14. If you want Paymentus to save the account information, you can check the box and the next time you pay the account will be available as a payment method.

 Confirm Payment

Payment Method  *****3234

Use this payment method for future payments. 

Payment Amount **\$150.00**

[Click to read the Terms and Conditions](#)

I agree to the Terms and Conditions.

Click the **PAY** button to complete your payment.

< Back Pay \$150.00

15. The next screen lists the payment information. You will also receive an email from Bill@Paymentus.com. If you select "Back to home" it will take you back to the City of Fort Collins login screen.

 Payment Receipt

Your payment has been accepted

Confirmation #	33713333
Payment Type	Tax Bill
Account #	00134751
Status	ACCEPTED
Payment Date	Feb 27, 2017 – 11:57:38 AM
Payment Method	Checking Account *****3234
Payment Amount	\$150.00

Print Back to home

Paymentus

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[Privacy Policy](#)

16. If you checked the “Use this payment method for future payments” it will be listed as a payment method the next time you make a payment.

 **Enter Payment Information**

First Name Middle Name

Last Name Daytime Phone Number

ZIP Code

Pay this Amount \$

Payment Method

 *****3234 

    Credit Card

  Debit Card

 eCheck / Bank Account