



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

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	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)			
			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 FILING 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 _____ _____ _____ _____ <input type="checkbox"/> BUS. ADDRESS <input type="checkbox"/> 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 _____
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