

Agent or Officer

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

CITY OF FORT COLLINS USE TAX RETURN

Name:		Account Number:		
Address:			Period Covered:	
City, State, Zip:		Due Date:		
Phone:				
Email Address:				
This return is to be u	sed to report tangible personal property purchased to	start and main	tain a business. Penalty & i	nterest apply to all delinquent ta
paid. The City use equipment and sal a. property purc b. property whice purchased for than 3.85%) h	edule by listing all articles used or consumed e tax is imposed on the storage, use, distribution	on, or other c sales tax has as Use Tax Or ization; propunicipality.	consumption of all tangil been paid. rdinance. Exempt purcl erty for which a retail sa	hases include property les tax (equal to or greater
	RCHASES – ATTACH SCHEDULE IF ADD			
IF ANY EQU Date of	JIPMENT IS LEASED, WRITE THE NAME Source of Purchase	AND ADDR	RESS OF LEASOR BEL	OW. Purchase Price
Purchase	Vendor's Name & Address		Type of Purchase	Subject to Tax
1 Grenase	TOTAL STREET		Type of Farenase	Subject to Tail
	ERTY SUBJECT TO CITY OF FORT COLL	LINS USE TA	AX:	
	CITY USE TAX DUE: (3.85% OF LINE 2)			
4. PENALTY: (10% OF TAX)				
5. INTEREST: (1% PER MONTH FOR EACH MONTH PAST DUE)				
6. TOTAL DUE: (MAKE CHECKS PAYABLE TO CITY OF FORT COLLINS)				
I, hereby certify, u	under penalty of perjury, that the statements m	ade herein ar	re to the best of my know	vledge true and correct.

Title

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