



**SALES TAX DEPARTMENT**  
**P.O. BOX 440 - FORT COLLINS, CO 80522-0439**  
**970-221-6780 FAX: 970-221-6782**  
**EMAIL: salestax@fcgov.com**  
**www.fcgov.com/salestax**

**COMPUTATION OF TAX**

PERIOD COVERED	DUE DATE	ACCOUNT NUMBER
<b>1 GROSS SALES AND SERVICE</b> (TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED & ACCOUNTED FOR IN EVERY RETURN INCL. ALL SALES, RENTALS, LEASES, & ALL SERVICES, BOTH TAXABLE & NON-TAXABLE)		
<b>2A ADD: BAD DEBTS COLLECTED</b>		
<b>2B TOTAL LINES 1 &amp; 2A</b>		
<b>DEDUCTIONS</b>	<b>3 A</b> NON-TAXABLE (INCLUDED IN SERVICE (INCLUDED IN ITEM 1 ABOVE))	
	<b>B</b> SALES TO OTHER LICENSED RETAILERS FOR PURPOSES OF TAXABLE RESALE	
	<b>C</b> SALES SHIPPED OUT (INCLUDED IN OF CITY &/OR STATE ITEM 1 ABOVE)	
	<b>D</b> BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)	
	<b>E</b> TRADE-INS FOR TAXABLE RESALE	
	<b>F</b> SALES OF GASOLINE AND CIGARETTES	
	<b>G</b> SALES TO GOVERNMENTAL/ RELIGIOUS & CHARITABLE ORGS	
	<b>H</b> RETURNED GOODS	
	<b>I</b> PRESCRIPTION DRUGS/ PROSTHETIC DEVICES	
	<b>J</b> FOOD STAMPS	
	<b>K</b> LODGING OVER 30 DAYS	
	<b>L</b> GROCERY FOOD SALES	
	<b>M</b> OTHER	
<b>3 TOTAL DEDUCTIONS</b> (TOTAL OF LINES 3A THRU 3M)		
<b>4 TOTAL CITY NET TAXABLE SALES &amp; SERVICES</b> (LINE 2B MINUS TOTAL LINE 3)		

<b>5A</b> AMOUNT OF CITY SALES TAX : 3.85% OF LINE 4				
<b>5B</b> GROCERY FOOD SUBJECT TO TAX (LINE 3L) \$ _____ X 2.25%				
<b>6</b> EXCESS TAX COLLECTED				
<b>7</b> ADJUSTED CITY TAX (ADD Lines 5A, 5B, and 6)				
<b>8</b> CURRENTLY NOT USED				
<b>9</b> TOTAL SALES TAX (LINE 7)				
<b>10</b> NET TAXABLE SUBJECT TO USE TAX (FROM SCHEDULE B)				
<b>11</b> USE TAX: 3.85% OF LINE 10				
<b>12</b> LATE FILING: IF RETURN IS FILED AFTER DUE DATE THEN ADD:	PENALTY: 10%		ENTER TOTAL ☞	
	INTEREST PER MONTH: 1%			
	ASSESSMENT FEE	\$25.00		
<b>13</b> TOTAL TAX, PENALTY AND INTEREST DUE (ADD LINES 9, 11, 12)				
<b>14</b> ADJUSTMENTS FOR PRIOR PERIODS - ATTACH COPY OF NOTICE				
<b>15 TOTAL DUE AND PAYABLE:</b> MAKE CHECK PAYABLE TO: CITY OF FORT COLLINS				

**SCHEDULE A**

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<b>SCHEDULE B - CITY USE TAX</b>			
The use tax ordinance imposes a tax upon the privilege of using, storing, distributing or otherwise consuming in the city tangible personal property or taxable services purchased, rented or leased.			
DATE OF PURCHASE	NAME OF VENDOR	TYPE OF COMMODITY	PURCHASE PRICE
<b>(B) TOTAL PURCHASE PRICE OF PROPERTY SUBJECT TO CITY USE TAX - ENTER TOTAL LINE (B) ON LINE 10 ON TOP OF RETURN</b>			

**ON-LINE FILING IS NOW AVAILABLE AT**  
<https://salestax.fcgov.com>

Additional information can be found at  
<http://www.fcgov.com/salestax>

SHOW BELOW ANY CHANGE OF BUSINESS NAME, OWNERSHIP, OR ADDRESS

\_\_\_\_\_

\_\_\_\_\_

BUSINESS ADDRESS       MAILING ADDRESS

DATE BUSINESS CLOSED: \_\_\_\_\_

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

COMPLETED BY (PRINT NAME): \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE: \_\_\_\_\_