

Tax Department  
 950 South Birch Street  
 Glendale, CO 80246  
 (303) 639-4706

# CITY OF GLENDALE OCCUPATIONAL PRIVILEGE TAX RETURN



**YOU MUST FILE A RETURN EVEN IF YOU HAVE DETERMINED THAT NO TAX IS DUE**

**INSTRUCTIONS**

- LINE A This line should include all employees that receive gross compensation of \$750 or more in a month and work all or part of their time within Glendale. Employees that have furnished a form verifying another employer is withholding, would be excluded from this total.
- LINE B This line should include all employees that receive gross compensation of \$750 or more in a month and work all or part of their time within Glendale. This figure should include all employees even though the employee may have another employer that is withholding. Self-employed individuals, owners, partners and officers who are not paid a salary or commission are subject to only the employer portion of the tax, and must be included in this line.
- LINE C This line is a total of the employees on line A and line B multiplied by the tax rate of \$5.00 per month.
- LINE D Include Penalty of 10% or \$100, which ever is greater, if return is not filed by **due date** indicated on this form.
- LINE E Include Interest of 1.5% for each month the return is filed after the **due date**. Any portion of a month counts as a whole month.
- LINE F Credits: Include a full explanation of reason for the credit claimed. Attach appropriate documentation with all details.
- LINE G City Issued Adjustment from previous period: If an amount shows up on this line, add if balance due, deduct if credit.
- LINE H This line is a total of lines C + D + E - F +/- G. If you file a tax return showing "NO TAX LIABILITY", please include a full explanation.

Account Number	Period Covered	Due Date

Line	DESCRIPTION	1 <sup>st</sup> Month	2 <sup>nd</sup> Month	3 <sup>rd</sup> Month	TOTAL		
A	Number of Employees from whom tax was withheld:						
B	Number of Employees for whom business must match:					TAX RATE	GRAND TOTAL
C	Total (A + B = C)					X \$ 5.00	\$
D	Late Filing Penalty: Line C x 10% or \$100 which ever is greater					+	\$
E	Late Filing Interest: Line C x 1.5% per <b>each month</b> delinquent					+	\$
F	Less Credit (Documentation must be attached)					-	\$
G	Balance From Previous Period					+ or -	\$
H	<b>Total Due: (Add C + D + E - F +/- G)</b>						\$

CHECK BOXES AND COMPLETE INFORMATION AS APPROPRIATE	
<input type="checkbox"/> <b>MAILING ADDRESS CHANGE</b> _____ (For Sales Tax Returns) _____	<input type="checkbox"/> <b>FINAL RETURN - CANCEL ACCOUNT</b> <b>OUT OF BUSINESS DATE</b> _____
<input type="checkbox"/> <b>MAILING ADDRESS CHANGE</b> _____ (For OPT Returns) _____	<input type="checkbox"/> <b>CHANGE OF OWNERSHIP DATE</b> _____ New Owner _____ New Address (Use space at left) _____
<input type="checkbox"/> <b>LOCATION ADDRESS CHANGE</b> _____ _____	<input type="checkbox"/> <b>PHONE CHANGE</b> (_____) _____

**MAKE A COPY OF THIS RETURN FOR YOUR RECORDS, AND MAIL ORIGINAL WITH THE PROPER PAYMENT TO THE CITY OF GLENDALE**

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

BY: \_\_\_\_\_

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

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