**Taxpayer Name and Address**

# City of Glendale SALES/USE TAX RETURN


Mail to: City of Glendale
Tax Administration
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Glendale, CO 80246

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| PERIOD COVERED | DUE DATE | LICENSE # |
|---|---|---|
| | | |

## COMPUTATION OF TAX

| | | | | | |
|---|---|---|---|---|---|
| 1. | **GROSS SALES AND SERVICES: (BEFORE SALES TAX)** **MUST BE REPORTED INCLUDING ALL SALES, RENTALS, LEASES, AND SERVICES, BOTH TAXABLE AND NON-TAXABLE** | $ | 5A. | NET SALES TAX (LINE 4 X **3.75%**) | $ |
| 2A. | ADD BAD DEBTS COLLECTED WHICH WERE PREVIOUSLY DEDUCTED | $ | 5B. | **LODGER'S TAX** – APPLIES TO HOTEL, MOTEL, APARTMENT HOTEL, EXTENDED STAY HOTEL, MOTOR HOTEL, BED-AND-BREAKFAST, ETC. _____ **X 6.5%** | $ |
| 2B. | TOTAL LINES 1 AND 2A | $ | 6. | ADD EXCESS TAX COLLECTED | |
| 3. | A. NON-TAXABLE SERVICES OR LABOR (INCLUDED IN ITEM 1 ABOVE) | $ | 7. | NET ADJUSTED TAX (ADD LINES 5A, 5B & 6) | $ |
| | B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE | $ | 8. | CITY USE TAX-AMOUNT SUBJECT TO TAX_____ X 3.75% (SEE SCHEDULE B BELOW) | $ |
| | C. SALES SHIPPED OUT OF THE CITY OF GLENDALE (INCLUDED IN ITEM 1 ABOVE) | $ | 9. | TOTAL TAX DUE (ADD LINES 7 & 8) | $ |
| | D. BAD DEBTS CHARGED OFF (ON WHICH CITY TAX WAS PREVIOUSLY PAID) | $ | 10. | **LATE FEES DUE IF FILED AFTER DUE DATE** — **PENALTY:** $100 OR 10% OF LINE 9 (WHICH EVER IS GREATER-EVEN IF ZERO) | $ PUT TOTAL BELOW |
| | E. TRADE-INS FOR TAXABLE RESALE | $ | | **INTEREST:** 1.5% PER MONTH OF LINE 9 | $ $ |
| | F. SALES OF GASOLINE AND CIGARETTES | $ | 11. | PRIOR PERIOD ADJUSTMENT FOR OVER OR UNDERPAYMENTS | $ |
| | G. SALES TO GOVERNMENTAL, RELIGIOUS, AND CHARITABLE ORGANIZATIONS | $ | 12. | **TOTAL DUE AND PAYABLE – ADD LINES 9 THROUGH 11 (MAKE CHECK PAYABLE TO CITY OF GLENDALE)** | $ |
| | H. RETURNED GOODS (ON WHICH CITY TAX WAS PREVIOUSLY PAID) | | | | |
| | I. PRESCRIPTION DRUGS/PROSTHETIC DEVICES | $ | | | |
| | J. OTHER DEDUCTIONS (PLEASE EXPLAIN) | $ | | | |
| | K. | $ | | | |
| 3. | TOTAL DEDUCTIONS (ADD LINES 3A THRU 3K) | $ | | | |
| 4. | TOTAL CITY NET TAXABLE SALES & SERVICE (LINE 2B MINUS LINE 3) | $ | | | |

**SIGNATURE:** _____

**DATE:** _____ **TITLE:** _____

**PHONE:** _____ **EMAIL:** _____

**SCHEDULE B**

| Date of Purchase | Name of Vendor/Address | Type of Commodity Purchased | Purchase Price |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | Total Subject to Use Tax | $ |

## CHANGES

**Mailing Address**

Address: _____

_____

City, ST, Zip: _____

**Business Location Address**

Address: _____

_____

City, ST, Zip: _____

**New Email:** _____

**New Business Phone:** _____

**New Contact Phone:** _____

**Filing Frequency:** Call or email for change

**New Owners (Requires a new license)**

Date: _____

Name: _____

Phone: _____

**Business Closure or Sale**

Date: _____