

CITY OF LONGMONT

SALES/USE TAX RETURN

350 Kimbark Street, Longmont, CO 80501
303-651-8672

Period:	Due:	Account:				
1.	Gross Sales and Service			5.	City Sales Tax 3.275% of line 4	
2A.	Add: Bad Debts Collected			6.	Add: Excess tax Collected	
2B.	Total Lines 1 & 2A			7.	Adjusted City Tax (add Lines 5 & 6)	
3.	A. Non-Taxable Service			8.	DEDUCT Vendor Fee (IF PAID BY DUE DATE) 3% of Line 7 or \$25, Whichever is Lower. MAXIMUM DEDUCTION \$25 PER LOCATION	
D E D U C T I O N S	B. Sales for Resale			9.	TOTAL SALES TAX (Line 7 minus 8)	
	C. Shipped Out of City			10.	Amount Subject to Use Tax _____ x 3.275%	
	D. Bad Debts			11.	Total Tax Due (Add Lines 9 & 10)	
	E. Trade-in for Resale			12.	Penalty 10% if filed late	ADD
	F. Gas & Cigarettes				Interest .50% per month if filed late	TOTAL >
	G. Gov., Religious & Charitable			13.	TOTAL TAX, PENALTY & INTEREST DUE	
	H. Returned Goods			14.	A. Add:	
	I. Prescriptions				B. Deduct:	
	J. Other Deductions (List)				<i>Use line 14A or 14B only if you have received Notification from the City</i>	
		TOTAL DEDUCTIONS				
4.	NET TAXABLE			15.	TOTAL DUE & PAYABLE:	

BUSINESS NAME:

SCHEDULE A: SPECIAL MESSAGE TO AND FROM CITY/TAXFILER

- Check Here for Business Closure
- Check Here if Change of Address
- Check Here if Change of Ownership

COMPLETE THE REVERSE SIDE IF ANY OF THE ABOVE APPLY
***** ALWAYS SIGN REVERSE SIDE OF FORM *****

PLEASE COMPLETE THIS FORM ON REVERSE SIDE

PLEASE KEEP THIS COPY FOR YOUR RECORDS

SCHEDULE – B – CITY USE TAX				SCHEDULE – C – CONSOLIDATED ACCOUNTS REPORT			
The Longmont Municipal Code imposes a tax upon the privilege of using, storing, distributing or otherwise consuming in the City tangible property or taxable services purchased, rented or leased.				This schedule is required in all cases in which the taxpayer makes a consolidated return which includes sales made at more than one location. It must be completely filled out and convey all information required in accordance with the column headings. If additional space is needed attach schedule in same format.			
DATE OF PURCHASE	NAME OF VENDOR ADDRESS	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE	ACCOUNT NUMBER	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1 FRONT OF RETURN)	PERIODS NET TAXABLE SALES (AGGREGATE TO LINE 4 FRONT OF RETURN)
(A) LIST OF PURCHASES (IF ADDITIONAL SPACE NEEDED – ATTACH SCHEDULE IN SAME FORMAT)						\$	\$
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
(B) TOTAL PURCHASE PRICE OF PROPERTY SUBJECT TO CITY USE TAX ENTER TOTAL LINE (B) ON LINE 10 ON FRONT OF RETURN.			\$	ENTER TOTALS HERE AND ON FRONT OF RETURN		\$	\$

<p>NEW BUSINESS DATE</p> <p>MO. DAY YR.</p> <p>____/____/____</p>	<p>1. If ownership has changed, give date of change and new owner's name.</p> <p>2. If business has been permanently discontinued, give date discontinued.</p> <p>3. If business location has changed, give new address.</p> <p>4. Records are kept at what address? _____</p> <p>5. If business is temporarily closed, give dates to be closed.</p> <p>6. If business is seasonal, give month of operation.</p> <p>7. If the return includes sales for more than one location, refer to and complete schedule "C".</p>	<p>SHOW BELOW CHANGE OF OWNERSHIP AND/OR ADDRESS, ETC.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">[] BUS ADDRESS [] MAILING ADDRESS</p>	<p>I hereby certify under penalty of perjury, that the statements made herein are to the best of my knowledge, true and correct.</p> <p>BY _____</p> <p>COMPANY _____</p> <p>PHONE _____</p> <p style="text-align: center;">TITLE DATE</p>
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