

PERIOD COVERED

DUE DATE

ACCOUNT NUMBER

www.springsgov.com



CITY OF COLORADO SPRINGS
Department 2408, Denver, CO 80256-0001

(719) 385-5903

COMPUTATION OF TAX

1. GROSS SALES AND SERVICE (TOTAL RECEIPTS FROM CITY ACTIVITIES MUST BE REPORTED INCLUDING ALL SALES, RENTALS AND LEASES, AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE.)
2A. ADD: BAD DEBTS COLLECTED
2B. TOTAL LINES 1 & 2 A
3. A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE)
B. SALES TO OTHER LICENSED DEALERS FOR TAXABLE RESALE
C. SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN ITEM 1 ABOVE)
D. BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)
E. TRADE-INS FOR TAXABLE RESALE (FOR CITY TAXABLE SALES ONLY)
F. SALES OF GASOLINE AND CIGARETTES
G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS
H. RETURNED GOODS (ON WHICH CITY TAX WAS PAID)
I. PRESCRIPTION DRUGS AND PROSTHETIC DEVICES
J. GROCERIES EXEMPTED BY SECTION 2-7-415 OF ORDINANCE
K. OTHER DEDUCTIONS (LIST)
L.
M.
3. TOTAL DEDUCTIONS (TOTAL OF LINES 3 A THRU M)
4. TOTAL CITY NET TAXABLE SALES & SERVICE (LINE 2B MINUS TOTAL LINE 3)

5A. AMOUNT OF CITY SALES TAX: 2.5% OF LINE 4
B. AMOUNT OF LINE 4 SUBJECT TO LODGERS' TAX X 2.0%=
C. AMOUNT OF LINE 4 SUBJECT TO AUTO RENTAL TAX X 1.0%=
6. ADD: EXCESS TAX COLLECTED:
7. ADJUSTED CITY TAX: (ADD LINES 5A, B, C & LINE 6)
8. DEDUCT 0 % OF LINE 7 (VENDORS FEE, IF PAID BY DUE DATE) XXX,XX
9. TOTAL SALES TAX (LINE 7 MINUS 8)
10. CITY USE TAX - AMOUNT SUBJECT TO TAX (FROM SCHEDULE B ON YOUR COPY) X 2.5%=
11. TOTAL TAX DUE: (ADD LINES 9 AND 10)
12. LATE FILING IF RETURN IS FILED AFTER DUE DATE ADD: PENALTY: 10% INTEREST PER MONTH: .5% ENTER TOTAL
13. TOTAL TAX PENALTY AND INTEREST DUE (ADD LINES 11 AND 12)
14. ADJUSTMENT PRIOR PERIODS A - ADD: B - DEDUCT:
15. TOTAL DUE AND PAYABLE: (MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF COLORADO SPRINGS)

CITY COPY

PLEASE COMPLETE THIS FORM ON REVERSE SIDE

SALES TAX RETURN

SHOW BELOW NAME AND/OR ADDRESS CHANGE:

Blank lines for name and address change information.

BUSINESS ADDRESS / MAILING ADDRESS

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

SIGNATURE

COMPANY

PHONE

EMAIL

TITLE DATE

DISCONTINUE DATE MO / DAY / YR

IF BUSINESS DISCONTINUED, RETURN SALES TAX LICENSE WITH THIS RETURN.

CITY OF COLORADO SPRINGS COPY

SCHEDULE - C - CONSOLIDATED ACCOUNTS REPORT - SALES TAX			
This form 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 a schedule in same format.			
ACCOUNT NUMBERS	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1 FACE)	PERIODS NET TAXABLE SALES (AGGREGATE TO LINE 4 FACE)
		\$	\$
AGGREGATE TOTALS			