PERIOD LICENSE COVERED NUMBER DUE DATE TAXPAYER'S NAME AND ADDRESS —						CITY OF LOUISVILLE SALES/USE TA MAIL THIS FORM TO THE "Sales Tax Div 749 Main Street, Loulsville, CO 80027 (303) 335-4514				Divisio		
								COMPU	TATIO	N OF TAX		
							5. AMOUNT OF CITY SALES TAX (3.65% OF LINE 4)					
							6. ADD EXCESS TAX COLLECTED				! 0	
									TAX (ADD LINES 5 & 6)			10
GROSS SALES TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INCL. ALL SALES, RENTALS AND						8. NO VE		· · · · · · · · · · · · · · · · · · ·				
AND SERVICE (EASES AND ALL SERVICES SOTH TAXABLE AND NON-TAXABLE						00		'AX (FROM SCHEDULE B) SUBJECT TO USE TAX \$ X 3.651				
2A. ADD BAD DEBTS COLLECTED						00	10. ADDITIONAL USE TAX DUE					
2B.	ADD TOTAL LINE	S 1 & 2A				00		UE (LINE 7 & 9 & 10)				
3.	A. NON-TAXABLE SERVICE SALES		00					DCA	14173/400/ (51)	N. Adm		
DEDUCT	B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE			00			IS FILE	12. (LATE FILING IF RETURN IS FILED AFTER DUE ADD ADD 1% INTEREST PER MONTH				0
	C. SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN LINE 1 ABOVE)			00				TE THEN.				0
	D. BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PMD)			00				X PENALTY AND INTEREST DUE (ADD LINES 11 & 12)			0	
	E. TRADE-INS FOR TAXABLE RESALE					ATTAC		MENT PRIOR PERIODS A - ADD:		>	0	
	F. SALES OF GASOLINE AND CIGARETTES			00					B - DEDL			0
	G. SALES TO GOVERNMENTAL RELIGIOUS AND CHARITABLE ORGANIZATIONS			00			15, TOTAL DUE A	IND PAYABLE / MAKI		OR MONEY O	RDER \	
		H. RETURNED GOODS (ON WHICH CITY BALES TAX WAS PREVIOUSLY PAID) PRESCRIPTION DRUGS/PROSTHETIC DEVICES		00			CITY OF LOUISVILLE			,	/ 00	
0				00			i hereby o	I hereby certify under penalty of perjury, that		jury, that the	ne statements made	
N	J. OTHER DEDUCTIONS (LIST)		1	00			here	in are to the best o	my kno	owledge, tru	e and c	orrect.
S	K.	700110110 (2.01)	<u> </u>	00								
			<u> </u>	00			SIGNATURE			DA1	E	
	L.			00			TITLE		COMPAN	,		
2 7	M.		<u> i</u>			00	TITLE COMPANY					
TOTAL DEDUCTIONS (TOTAL OF LINES 3A THRU 3M) 4. TOTAL CITY NET TAXABLE SALES & SERVICE (LINE 28 MINUS 1. TOTAL CITY NET TAXABLE SALES & SERVICE (LINE 28 MINUS 1. TOTAL CITY NET TAXABLE SALES & SERVICE 2. TOTAL CITY NET TAXABLE SALES & SERVICE 2. TOTAL CITY NET TAXABLE SALES & SERVICE 2. TOTAL CITY NET TAXABLE SALES & SERVICE 3. TOTAL CITY NET TAXABLE SALES & SERVICE SAL						00	PHONE FAX					
puro	PURCHASE DATE	r rented from sources outside the city, on which a s VENDOR NAME			VENDOR ADDRESS		r paid. II additional	TYPE OF COMMODITY PURCH			PURCHASE PRICE	
	<u> </u>											
							ENTER TOTALS HERE AND ABOVE					
	This schedule is out and convey a	SC required in all cases in which t all information required in acco	the taxpayer r	make	s a consolidated r	return	which includes sa	UNTS REPOR les made at more than ded attach schedule in	one locat	ion. It must be nat.	complete	ly filled
	ACCOUNT NUMBER		BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS				PERIODS TO SALES (I UNE 1.			S TOTAL GROSS S (TOTAL TO E 1 ABOVE)	PERIOI SAL LIF	OS NET TAXABLE ES (TOTAL TO NE 4 ABOVE)
								\$	00		00	
		,								00		00
						L	ENTER TOTALS	HERE AND ABOVE	\$	00	\$	00
ST		\$ <u>S.</u>				NG						2000
-							TI TOTALE	-				
	BUSINESS STATUS CHANGES							FC	OR CIT	Y USE ON	1LY	
OWNERSHIP CHANGE: BUSINESS CLOSURE												
DATE: EFFECTIVE D												
					No.							
							[]					
STI	REET:											
CIT	VICTATE/7ID						- 11					