

CITY OF LOUISVILLE SALES/USE TAX RETURN

MAIL THIS FORM TO THE "Sales Tax Division"
749 Main Street, Louisville, CO 80027

303.335.4515

PERIOD COVERED _____ DUE DATE _____	LICENSE NUMBER _____
TAXPAYER'S NAME AND ADDRESS _____	

COMPUTATION OF TAX

1. GROSS SALES TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INCL. ALL SALES, RENTALS AND LEASES AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE	00	5. AMOUNT OF CITY SALES TAX (3.775% OF LINE 4)	00																										
2A. ADD BAD DEBTS COLLECTED	00	6. ADD EXCESS TAX COLLECTED	00																										
2B. ADD TOTAL LINES 1 & 2A	00	7. ADJUSTED CITY TAX (ADD LINES 5 & 6)	00																										
3. DEDUCTIONS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> A. NON-TAXABLE SERVICE SALES </td> <td style="width: 20%; text-align: right; padding: 2px;">00</td> </tr> <tr> <td style="padding: 2px;"> B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE </td> <td style="text-align: right; padding: 2px;">00</td> </tr> <tr> <td style="padding: 2px;"> C. SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN LINE 1 ABOVE) </td> <td style="text-align: right; padding: 2px;">00</td> </tr> <tr> <td style="padding: 2px;"> D. BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID) </td> <td style="text-align: right; padding: 2px;">00</td> </tr> <tr> <td style="padding: 2px;"> E. TRADE-INS FOR TAXABLE RESALE </td> <td style="text-align: right; padding: 2px;">00</td> </tr> <tr> <td style="padding: 2px;"> F. SALES OF GASOLINE AND CIGARETTES </td> <td style="text-align: right; padding: 2px;">00</td> </tr> <tr> <td style="padding: 2px;"> G. SALES TO GOVERNMENTAL RELIGIOUS AND CHARITABLE ORGANIZATIONS </td> <td style="text-align: right; padding: 2px;">00</td> </tr> <tr> <td style="padding: 2px;"> H. RETURNED GOODS (ON WHICH CITY SALES TAX WAS PREVIOUSLY PAID) </td> <td style="text-align: right; padding: 2px;">00</td> </tr> <tr> <td style="padding: 2px;"> I. PRESCRIPTION DRUGS/PROSTHETIC DEVICES </td> <td style="text-align: right; padding: 2px;">00</td> </tr> <tr> <td style="padding: 2px;"> J. OTHER DEDUCTIONS (LIST) </td> <td style="text-align: right; padding: 2px;">00</td> </tr> <tr> <td style="padding: 2px;"> K. </td> <td style="text-align: right; padding: 2px;">00</td> </tr> <tr> <td style="padding: 2px;"> L. </td> <td style="text-align: right; padding: 2px;">00</td> </tr> <tr> <td style="padding: 2px;"> M. </td> <td style="text-align: right; padding: 2px;">00</td> </tr> </table>	A. NON-TAXABLE SERVICE SALES	00	B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE	00	C. SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN LINE 1 ABOVE)	00	D. BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)	00	E. TRADE-INS FOR TAXABLE RESALE	00	F. SALES OF GASOLINE AND CIGARETTES	00	G. SALES TO GOVERNMENTAL RELIGIOUS AND CHARITABLE ORGANIZATIONS	00	H. RETURNED GOODS (ON WHICH CITY SALES TAX WAS PREVIOUSLY PAID)	00	I. PRESCRIPTION DRUGS/PROSTHETIC DEVICES	00	J. OTHER DEDUCTIONS (LIST)	00	K.	00	L.	00	M.	00	8. NO VENDOR FEE	
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3. TOTAL DEDUCTIONS (TOTAL OF LINES 3A THRU 3M)	00	9. CITY USE TAX (FROM SCHEDULE B) SUBJECT TO USE TAX \$ _____ X 3.775%																											
4. TOTAL CITY NET TAXABLE SALES & SERVICE (LINE 2B MINUS TOTAL LINE 3)	00	10. ADDITIONAL USE TAX DUE																											
		11. TOTAL TAX DUE (LINE 7 & 9 & 10)	00																										
		12. (LATE FILING IF RETURN IS FILED AFTER DUE DATE THEN,) ADD PENALTY 10% (MIN \$15) 1% INTEREST PER MONTH	00																										
		13. TOTAL TAX PENALTY AND INTEREST DUE (ADD LINES 11 AND 12)	00																										
		14. ADJUSTMENT PRIOR PERIODS ATTACH COPY OF OVER OR UNDERPAYMENT NOTICE- A - ADD: > B - DEDUCT: >	00																										
		15. TOTAL DUE AND PAYABLE (MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF LOUISVILLE)	00																										
I hereby certify under penalty of perjury, that the statements made herein are to the best of my knowledge, true and correct.																													
SIGNATURE _____		DATE _____																											
TITLE _____		COMPANY _____																											
PHONE _____		FAX _____																											

SCHEDULE-B - CITY USE TAX

The Louisville Municipal Code imposes a tax upon the privilege of using, storing, distributing, or otherwise consuming in the City any article of tangible personal property or services purchased, leased or rented from sources outside the city, on which a sales tax has not been paid. If additional space is needed, attach additional schedule in the same format.

PURCHASE DATE	VENDOR NAME	VENDOR ADDRESS	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE
ENTER TOTALS HERE AND ABOVE				

SCHEDULE-C - CONSOLIDATED ACCOUNTS REPORT

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.

ACCOUNT NUMBER	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (TOTAL TO LINE 1 ABOVE)	PERIODS NET TAXABLE SALES (TOTAL TO LINE 4 ABOVE)
		\$ 00	00
		00	00
ENTER TOTALS HERE AND ABOVE		\$ 00	\$ 00

ADDRESS CHANGE NOTIFICATION

MAILING ADDRESS STREET: _____ CITY/STATE/ZIP: _____	BUSINESS LOCATION STREET: _____ CITY/STATE/ZIP: _____
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BUSINESS STATUS CHANGES

OWNERSHIP CHANGE: DATE: _____ NEW OWNER: _____ PHONE: _____ STREET: _____ CITY/STATE/ZIP: _____	BUSINESS CLOSURE EFFECTIVE DATE: _____
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FOR CITY USE ONLY