



SALES TAX RETURN

A SEPARATE RETURN MUST BE FILED FOR EACH LOCATION

| PERIOD COVERED | DUE DATE | ACCT.# |
|---|----------|--------|
| 1. GROSS SALES & SERVICES: TOTAL RECEIPTS, BEFORE LODGING AND SALES TAX, FROM CITY ACTIVITY MUST BE REPORTED. | | \$ |
| 2. A. ADD- BAD DEBTS COLLECTED WHICH WERE PREVIOUSLY DEDUCTED: | | \$ |
| B. TOTAL OF LINES 1 & 2A | | \$ |
| 3. A. NON-TAXABLE SERVICE OR LABOR | \$ | |
| B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF 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 | \$ | |
| F. SALES OF GASOLINE AND CIGARETTES | \$ | |
| G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS | \$ | |
| H. RETURNED GOODS (ON WHICH CITY TAX WAS PREVIOUSLY PAID) | \$ | |
| I. PRESCRIPTION DRUGS/PROSTHETIC DEVICES | \$ | |
| J. FOOD STAMPS/W.I.C VOUCHERS | \$ | |
| K. OTHER DEDUCTIONS - PLEASE LIST | \$ | |
| 4. TOTAL DEDUCTIONS (ADD LINES 3A THRU 3K) | | \$ |
| 5. TOTAL CITY NET TAXABLE SALES & SERVICES (LINE 2B MINUS LINE 4) | | \$ |

SALES TAX RETURN FILING INSTRUCTIONS

RETURN WITH PAYMENT - STANDARD MAIL

City of Brighton, PO Box 913297, Denver, CO 80291-3297

RETURN WITH PAYMENT - CERTIFIED OR EXPRESS DELIVERY

500 South 4th Avenue, Brighton, CO 80601 Attn: Sales Tax

ZERO RETURN E-MAIL - SalesTax@Brightonco.gov

FILE ONLINE - secure.salestaxonline.com

_____ AMENDED RETURN

COMPUTATION OF TAX

| | | |
|-----|---|----|
| 6. | AMOUNT OF CITY SALES TAX (LINE 5 X 3.75%) | \$ |
| 7. | ADD EXCESS TAX COLLECTED | \$ |
| 8. | ADJUSTED CITY SALES TAX (LINES 6 PLUS 7) | \$ |
| 9. | VENDOR FEE - IF PAID IN FULL BY DUE DATE DEDUCT 3.33% OF LINE 8 **MAX 25.00** | \$ |
| 10. | NET TAX DUE (LINE 8 MINUS LINE 9) | \$ |
| 11. | PENALTY - IF FILED AFTER DUE DATE ADD 10% OF LINE 10 | \$ |
| 12. | INTEREST - IF FILED AFTER DUE DATE ADD 1% OF LINE 10 PER MONTH | \$ |
| 13. | TOTAL TAX, PENALTY AND INTEREST DUE (LINES 10 THRU 12) | \$ |
| 14. | PRIOR PERIOD'S ADJUSTMENT NOTICE OF OVER OR UNDERPAYMENTS | \$ |
| 15. | TOTAL DUE AND PAYABLE (MAKE CHECK PAYABLE TO CITY OF BRIGHTON) | \$ |

TAXPAYER'S INFORMATION

| | |
|------------|-----|
| COMPANY | |
| TRADE NAME | |
| ADDRESS | |
| PHONE | FAX |

Returns postmarked AFTER the Due date will be late and subject to penalties and interest

| | | | |
|--|---|---|--|
| NEW BUSINESS DATE MON/DAY/YEAR ____/____/____ DISCONTINUED DATE MON/DAY/YEAR ____/____/____ | 1. If ownership has changed, give date of change and new owner's name. 2. If business has been permanently discontinued, give date discontinued. 3. If business location has changed, give new address. 4. Records are kept at what address? | SHOW BELOW CHANGE OF OWNERSHIP, NAME AND ADDRESS _____ _____ _____ _____ Physical 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. Name: _____ Signature: _____ Title: _____ Company: _____ Date: _____ Phone#: _____ |
| | 5. If business is temporarily closed, give dates to be closed. 6. If business is seasonal, give months of operation. | | |