

PERIOD COVERED	TAXPAYER'S NAME AND ADDRESS	ACCOUNT NUMBER
DUE DATE		
<b>Business Name:</b> _____		
<b>DBA:</b> _____		
<b>Mailing Address:</b> _____		
<b>City, State Zip Code:</b> _____		

**CITY OF LONGMONT**  
SALES/USE TAX RETURN



Mail Completed Return with Payment to:  
350 Kimbark Street  
Longmont, CO 80501  
(303) 651-8672  
www.longmontcolorado.gov

COMPUTATION OF TAX

1. GROSS SALES AND SERVICE	TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INCL. SALES RENTALS AND LEASES AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE	5. AMOUNT OF CITY SALES TAX 3.53% OF LINE 4
2A. ADD: BAD DEBTS COLLECTED		6. ADD: EXCESS TAX COLLECTED
2B. TOTAL LINES 1 & 2A		7. TOTAL CITY SALES TAX (ADD LINES 5 & 6)
3. A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE)	DEDUCTIONS	8. DEDUCT VENDOR FEE (IF PAID BY DUE DATE) 3% OF LINE 7 OR \$25, WHICHEVER IS LOWER. MAXIMUM DEDUCTION \$25 PER LOCATION
B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE		9. TOTAL SALES TAX (LINE 7 MINUS LINE 8)
C. SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN ITEM 1 ABOVE)		10. CITY USE TAX (FROM SCHEDULE B)
D. BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)		10. AMOUNT SUBJECT TO TAX: \$ _____ x 3.53% =
E. TRADE-INS FOR TAXABLE RESALE		11. TOTAL TAX DUE (ADD LINES 9 & 10)
F. SALES OF GASOLINE AND CIGARETTES		12. LATE FILING IF RETURN IS FILED AFTER DUE DATE ADD: PENALTY 10% OF TAX INTEREST .50% PER MONTH
G. SALES TO GOVERNMENT AND CHARITABLE ORGANIZATIONS		12. TOTAL PENALTY & INTEREST ▼
H. RETURNED GOODS		13. TOTAL TAX, PENALTY & INTEREST DUE
I. PRESCRIPTION DRUGS AND PROSTHETIC DEVICES		USE LINE 14 IF ADJUSTMENT NOTIFICATION WAS RECEIVED A. ADD:
J. OTHER DEDUCTIONS (LIST)		14. ATTACH COPY OF NOTIFICATION TO RETURN B. DEDUCT:
K.		15. TOTAL DUE AND PAYABLE
L.		MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF LONGMONT
3. TOTAL DEDUCTIONS (TOTAL OF LINES 3 A THROUGH L)		SCHEDULE A SPECIAL MESSAGE TO CITY FROM TAXPAYER
4. TOTAL CITY NET TAXABLE SALES & SERVICE (LINE 2B MINUS LINE 3)	____ CHECK HERE FOR BUSINESS CLOSURE/CHANGE OF OWNERSHIP ____ CHECK HERE FOR CHANGE OF ADDRESS COMPLETE THE BOTTOM PORTION IF ANY OF THE ABOVE APPLY. ALWAYS SIGN BOTTOM OF FORM	

SIGNATURE REQUIRED ON BOTTOM OF FORM

SCHEDULE B CITY USE TAX				SCHEDULE C CONSOLIDATED ACCOUNTS REPORT			
THE CITY OF LONGMONT MUNICIPAL CODE IMPOSES A TAX UPON THE PRIVILEGE OF USING, STORING, DISTRIBUTING, OR OTHERWISE CONSUMING IN THE CITY TANGIBLE PERSONAL PROPERTY OR TAXABLE SERVICES PURCHASED RENTED OR LEASED. IF ADDITIONAL SPACE IS NEEDED ATTACH SCHEDULE IN SAME FORMAT.				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.			
PURCHASE DATE	VENDOR NAME ADDRESS	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE	ACCOUNT NUMBER	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1 ABOVE)	PERIODS NET TAXABLE SALES (AGGREGATE TO LINE 4 ABOVE)
TOTAL PURCHASE PRICE OF PROPERTY & SERVICES SUBJECT TO CITY USE TAX (ENTER ON LINE 10 ABOVE)			\$ -	ENTER TOTALS HERE AND ON THE RETURN ABOVE		\$ -	\$ -

CLOSURE/OWNERSHIP CHANGE DATES		NEW OWNERSHIP/ADDRESS CHANGE INFORMATION:		SIGNATURE (REQUIRED)	
NEW BUSINESS START DATE	MO DAY YR	_____		I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	
DISCONTINUED BUSINESS DATE	MO DAY YR	_____		BY: _____	
		_____		TITLE: _____	
		_____		PHONE: _____ DATE: _____	
		<input type="checkbox"/> BUSINESS ADDRESS <input type="checkbox"/> MAILING ADDRESS			

- IMPORTANT REMINDERS:**
1. INCLUDE CITY OF LONGMONT ACCOUNT NUMBER, NAME, AND ADDRESS IN THE UPPER LEFT.
  2. INCLUDE THE PERIOD FOR WHICH YOU ARE FILING.
  3. THE DUE DATE IS THE 20TH OF THE MONTH FOLLOWING THE END OF THE REPORTING PERIOD.
  4. YOUR CITY OF LONGMONT ACCOUNT NUMBER IS NOT YOUR FEIN # OR YOUR STATE OF COLORADO DEPARTMENT OF REVENUE ACCOUNT NUMBER.
  5. IF YOU HAVE RECENTLY APPLIED FOR A CITY OF LONGMONT ACCOUNT NUMBER, WRITE "APPLIED FOR" AND THE APPLICATION DATE IN THE ACCOUNT NUMBER AREA.
  6. ZERO LIABILITY RETURNS MAY BE FAXED TO (303) 774-4453 (PRIOR TO THE DUE DATE) OR FILED ELECTRONICALLY AT WWW.CILONGMONT.CO.US. IF YOU FILE ELECTRONICALLY OR FAX A RETURN, DO NOT MAIL A COPY.
  7. A RETURN IS REQUIRED EVEN IF NO TAX IS DUE. LATE RETURNS ARE SUBJECT TO PENALTY.