



DPO CENTER SALES TAX RETURN ONLY

DPO CENTER SALES/USE TAX RETURN FILING INSTRUCTIONS

Use this return for sales made inside your store at Denver Premium Outlets. (Online and delivery sales made to Thornton customers must be reported on your other Thornton account and the full 3.75% City tax is due to Thornton on these sales.)

FILE RETURNS ONLINE AT www.salestaxonline.com (MUST SELECT DPO IN DROPDOWN BOX).

MAILING CERTIFIED OR EXPRESS DELIVERY - SEND YOUR TAX RETURN WITH PAYMENT TO:
City of Thornton, Attn: Sales Tax, 9500 Civic Center Drive, Thornton, CO 80229

MAILING RETURN AND PAYMENT BY STANDARD MAIL - PLEASE SEND TO City of Thornton:
PO Box 910222, Denver, CO 80291-0222

FOR ADDITIONAL INFORMATION PLEASE GO TO www.ThorntonCO.gov, OR CONTACT THE CITY AT 303-538-7400(PHONE) OR 303-538-7584(FAX)

COMPUTATION OF TAX

PERIOD COVERED	DUE DATE	ACCOUNT #
1 GROSS SALES (TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED & ACCOUNTED FOR IN EVERY RETURN INCL. ALL SALES, RENTALS AND LEASES AND ALL SERVICES, BOTH TAXABLE & NON-TAXABLE)		
2A ADD: BAD DEBTS COLLECTED		
2B TOTAL LINES 1 & 2A		
D E D U C T I O N S	3 A NON-TAXABLE SERVICE (INCLUDED IN ITEM 1 ABOVE)	
	B SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE	
	C SALES SHIPPED OUT OF CITY/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	
	G SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS	
	H RETURNED GOODS	
	I PRESCRIPTION DRUGS/ PROSTHETIC DEVICES	
	J FOOD STAMPS	
	K OTHER	
3 TOTAL DEDUCTIONS (TOTAL OF LINES 3 A THRU K)		
4 TOTAL CITY NET TAXABLE SALES & SERVICES (LINE 2B MINUS TOTAL LINE 3)		

5 AMOUNT OF CITY SALES TAX : 2.35% OF LINE 4				
6 ADD: EXCESS TAX COLLECTED				
7 ADJUSTED CITY TAX (ADD LINES 5 AND 6)				
8 DEDUCT VENDORS FEE IF PAID BY DUE DATE (3.0% OF LINE 7 UP TO MAXIMUM OF \$25)				
9 TOTAL SALES TAX (LINE 7 MINUS LINE 8)				
10 NET TAXABLE USE TAX (FROM SCHEDULE B) _____ x 3.75%				
11 TOTAL TAX DUE (ADD LINES 9 AND 10)				
12 LATE FILING: IF RETURN IS FILED AFTER DUE DATE THEN ADD:		PENALTY: GREATER OF 10% OR \$15 INTEREST PER MONTH: 1.00%		ENTER TOTAL
13 TOTAL DUE AND PAYABLE (ADD LINES 11 AND 12)				
MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF THORNTON				
SEE FILING INSTRUCTIONS ABOVE.				
IF YOUR BUSINESS HAS MOVED, CHANGED OWNERSHIP, OR CEASED OPERATIONS, PLEASE COMPLETE THE APPROPRIATE BOXES BELOW.				

SCHEDULE B - CITY USE TAX

The Thornton Municipal Code imposes a tax upon the privilege of using, storing, distributing or otherwise consuming in the City tangible property or taxable services purchased, rented or leased.

DATE OF PURCHASE	NAME OF VENDOR AND ADDRESS	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE
(A) LIST OF PURCHASES (IF ADDITIONAL SPACE NEEDED - ATTACH SCHEDULE IN SAME FORMAT)			
			\$
(B) TOTAL PURCHASE PRICE OF PROPERTY SUBJECT TO CITY USE TAX - ENTER TOTAL LINE (B) ON LINE 10 ON TOP OF RETURN			\$

<p>NEW BUSINESS DATE MO. DAY YEAR ____/____/____</p> <p>DISCONTINUED DATE MO. DAY YEAR ____/____/____</p>	<p>1. If ownership has changed, give date of change and new owner's name.</p> <p>2. If business has been permanently discontinued, give date discontinued.</p> <p>3. If business location has changed, give new address.</p> <p>4. Records are kept at what address?</p> <p>5. If business is temporarily closed, give dates to be closed.</p> <p>6. If business is seasonal, give months of operation.</p>	<p style="text-align: center;">SHOW BELOW ANY CHANGE OF OWNERSHIP, NAME AND/OR ADDRESS, ETC</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> BUS. ADDRESS <input type="checkbox"/> MAILING ADDRESS</p>	<p style="text-align: center;">I, hereby certify, under penalty of perjury, that the statements made herein are to the best of my knowledge true and correct.</p> <p>BY: _____</p> <p>COMPANY: _____</p> <p>PHONE: _____</p> <p style="text-align: center;">TITLE _____ DATE: _____</p>
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