

DUE DATE

ACCOUNT#

PERIOD COVERED

## SALES/USE TAX RETURN FILING INSTRUCTIONS

FILE RETURNS ONLINE AT www.salestaxonline.com

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

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

COMPUTATION OF TAX

FILING A ZERO RETURN - PLEASE COMPLETE RETURN ONLINE OR EMAIL RETURN TO: salesusetax@thorntonco.gov

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

AMOUNT OF CITY SALES TAX: 3.75% OF LINE 4

	6 ADD: EXCESS TAX COLLECTED
1 GROSS (TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE SALES REPORTED & ACCOUNTED FOR IN EVERY RETURN	7 ADJUSTED CITY TAX (ADD LINES 5 AND 6)
INCL. ALL SALES, RENTALS AND LEASES AND ALL SERVICES, BOTH TAXABLE & NON-TAXABLE)	8 DEDUCT VENDORS FEE 3.0% OF LINE 7 UP TO
ADD: BAD DEBTS COLLECTED	IF PAID BY DUE DATE MAXIMUM OF \$25  9 TOTAL SALES TAX (LINE 7 MINUS LINE 8)
2B TOTAL LINES 1 & 2A	10 NET TAXABLE USE TAX
3 A NON-TAXABLE (INCLUDED IN	(FROM SCHEDULE B) — x 3.75%  11 TOTAL TAX DUE (ADD LINES 9 AND 10)
SERVICE ITEM 1 ABOVE)  B SALES TO OTHER LICENSED	12 LATE FILING: PENALTY: GREATER ENTER
DEALERS FOR PURPOSES OF TAXABLE RESALE	IF RETURN IS FILED OF 10% OR \$15  AFTER DUE DATE INTEREST PER
C SALES SHIPPED (INCLUDED IN OUT OF CITY/STATE ITEM 1 ABOVE)	THEN ADD: MONTH: 1.00%  13 TOTAL DUE AND PAYABLE (ADD LINES 11 AND 12)
D BAD DEBTS (ON WHICH CITY U CHARGED OFF SALES TAX HAS BEEN PAID)	MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF THORNTON
E TRADE-INS FOR TAXABLE RESALE	
F SALES OF GASOLINE	SEE FILING INSTRUCTIONS ABOVE.
N 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)	IF YOUR BUSINESS HAS MOVED, CHANGED OWNERSHIP, OR CEASED
4 TOTAL CITY NET TAXABLE SALES & SERVICES (LINE 2B MINUS TOTAL LINE 3)	OPERATIONS, PLEASE COMPLETE THE APPROPRIATE BOXES BELOW.
	SCHEDULE B - CITY USE TAX oses a tax upon the privilege of using, storing, distributing or otherwise gible 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 ADI	ITIONAL 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 \$
NEW BUSINESS DATE  MO. DAY YEAR  I If ownership has changed, give date of change and new owner's name.  If business has been permanently discontinued, give date discontinued.  3. If business location has changed, give new address.	SHOW BELOW ANY CHANGE OF OWNERSHIP, NAME AND/OR ADDRESS, ETC  I, hereby certify, under penalty of perjury, that the statements made herein are to the best of my knowledge true and correct.  BY:
DISCONTINUED DATE  4. Records are kept at what address?	COMPANY:
4. Records are kept at what address?	
DISCONTINUED DATE  4. Records are kept at what address?  MO. DAY YEAR  5. If business is temporarily closed, give dates to be closed.	COMPANY: