

PERIOD COVERED	DUE DATE	ACCOUNT / CUSTOMER ID	COMPUTATION OF TAX	CITY OF COLORADO SPRINGS SALES TAX RETURN
1.	(TOTAL RECEIPTS FROM CITY ACTIVITIES MUST BE REPORTED INCLUDING ALL SALES, RENTALS, & LEASES, & ALL SERVICES BOTH TAXABLE & NON-TAXABLE)		5A. CITY SALES TAX 3.12% OF LINE 4 =	
2A.	ADD: BAD DEBTS COLLECTED		5B. AMOUNT OF LINE 4 SUBJECT TO LODGERS' TAX _____ X 2.0% =	
2B.	TOTAL LINES 1 & 2A		5C. AMOUNT OF LINE 4 SUBJECT TO AUTO RENTAL TAX _____ X 1.0% =	
3A.	NON-TAXABLE SERVICE SALES (INCLUDED IN LINE 1)		6. ADD EXCESS TAX COLLECTED =	
3B.	SALES TO OTHER LICENSED DEALERS FOR TAXABLE RESELL		7. DEDUCT 0% OF LINE 7 (VENDOR FEE, IF PAID BY DUE DATE) =	N/A
3C.	SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN LINE 1)		8. CITY USE TAX – AMOUNT SUBJECT TO TAX _____ X 3.12% =	
3D.	BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)		9. MOTION PICTURE THEATRE ADMISSIONS TAX _____ X 2.0% =	
3E.	TRADE-INS FOR TAXABLE RESELL (FOR CITY TAXABLE SALES ONLY)		10. BICYCLE EXCISE TAX – # OF NEW BICYCLES SOLD _____ X \$4.00 =	
3F.	SALES OF GASOLINE AND CIGARETTES		11. TOTAL TAX DUE (ADD LINES 5A THROUGH LINE 10)	
3G.	SALES TO GOVERNMENTAL, RELIGIOUS, AND CHARITABLE ORGANIZATIONS		12. LATE FILING ADD IF RETURN IS FILED AFTER DUE DATE	PENALTY X 10% = INTEREST PER MONTH X .5% =
3H.	RETURNED GOODS (ON WHICH CITY TAX WAS PAID)		13. TOTAL TAX PENALTY AND INTEREST DUE (ADD LINES 11 AND 12)	
3I.	PRESCRIPTION DRUGS AND PROSTHETIC DEVICES		14. ADJUSTMENT PRIOR PERIODS (ATTACH COPY OF OVER OR UNDER PAYMENT NOTICE)	A. ADD (+) B. DEDUCT(-)
3J.	GROCERIES EXEMPTED BY SECTION 2-7-415 OF ORDINANCE		15. TOTAL DUE AND PAYABLE	\$
3K.	OTHER DEDUCTIONS (LIST)			
3L.				
3M.				
3. TOTAL DEDUCTIONS (TOTAL OF LINES 3A THRU M)				
4. TOTAL CITY NET TAXABLE SALES & SERVICE (LINE 2B MINUS TOTAL LINE 3)				

SCHEDULE C – CONSOLIDATED ACCOUNTS REPORT – SALES TAX							
This form 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 a schedule in same format.							
LOCATION NUMBERS	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1)	PERIODS NET TAXABLE SALES (AGGREGATE TO LINE 4)	LOCATION NUMBERS	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1)	PERIODS NET TAXABLE SALES (AGGREGATE TO LINE 4)
		\$	\$			\$	\$
AGGREGATE TOTALS:						\$ SUM = LINE 1	\$ SUM = LINE 4

CITY OF COLORADO SPRINGS GENERAL INFORMATION:

- Return must be filed even if no tax due
- Returns are late if not in tax office or postmarked by due date
- Please retain a copy for your records
- Make check or money order payable to The City of Colorado Springs
- Questions: Tele: 719-385-5903 or Email: salestax@springsgov.com
- Mailing address: City of Colorado Springs, Department 2408, Denver, CO 80256-0001
- Instructions for this return are available on our website
- Corporate name changes will require additional documentation
- Online Services, additional forms & amended returns are available on our website: ColoradoSprings.gov, search "Sales Tax"
- If no longer in business list your cancellation date here: ____ / ____ / **20**____
(return your sales tax license with this return if business is cancelled)



SHOW BELOW NAME AND/OR ADDRESS CHANGE: <input type="checkbox"/> BUSINESS ADDRESS / <input type="checkbox"/> MAILING ADDRESS _____ _____ _____ _____	I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT. SIGNATURE: _____ COMPANY: _____ PHONE: _____ EMAIL: _____ TITLE: _____ DATE: _____
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