

**Business Name** 

previously paid)

E. Trade-ins for taxable resale F. Sales of gasoline and cigarettes

J. Sales of exempt groceries

L. Other deductions

A. Gallons of Aviation /

Vehicle Rentals C. Sales of Retail

Marijuana

Beverages E. Other Taxable Sales

Late Filing - if

return is filed after due date -

Add:

Railway Fuel Sold

B. Receipts from Short-Term

D. Sales of Taxable Food and

(Line 4 less Lines 5B, 5C & 5D)

Add excess tax collected from customers

Subtotal of tax (Add Lines 5F and Line 6)

Consumer Use Tax (Line 6 from Schedule B)

made payable to: MANAGER OF FINANCE

return is late

Enter any credits claimed (Documentation MUST be attached)

TOTAL DUE AND PAYABLE : Include a check or money order

Tax, Penalty, and Interest due (Add lines 9, 10A & 10B)

F. Total of Lines 5A thru 5E

Tax Due (Add Lines 7 and 8)

4

5

6

7

8

9

10

11

12

13

I. Sales of exempt prescription drugs

M. Total deductions (Total of Lines 3A thru 3L)

Net Taxable Sales & Services (Line 2B minus Line 3M)

## Denver Sales Tax Return Monthly

Phone Number

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City and County of Denver Department of Finance, Treasury Division P.O. Box 660860 Dallas, TX 75266-0860 www.DenverGov.org/eBizTax

| Pri | mary Business Location                                                                                                                                                                            | Period End Date |      |                      | ► YOU<br>HAVE<br>► IMP<br>THE E |          |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------|----------------------|---------------------------------|----------|
| so  | CHEDULE A - SALES TAX 🗌 CHECK HERE IF THIS IS A                                                                                                                                                   |                 | TURN |                      |                                 | NSTRUCT  |
| 1   | Gross Sales and Services (Total receipts from City activity mu<br>be reported and accounted for in every return including sales, rental<br>leases, and all services both taxable and non-taxable) |                 |      | ACCOUNT NUMBER       |                                 |          |
| 2   | A. Add: Bad debts collected that were previously deducted in p<br>periods                                                                                                                         | rior            | 00   |                      |                                 | Sales Ta |
|     | B. Enter the Total of Lines 1 & 2A                                                                                                                                                                |                 | 00   | SCHEDULE             |                                 |          |
| 3   | Deductions included in line 1 above   A. Non-Taxable services or labor                                                                                                                            |                 | 00   |                      | Gallons of                      |          |
|     |                                                                                                                                                                                                   |                 |      | 1 Aviation / Railway |                                 |          |
|     | B. Sales to other licensed dealers for the purpose of taxable resale                                                                                                                              |                 | 00   |                      | Fuel Purchased                  |          |

x 4¢ / gal

x 7.25%

x 7.12%

x 4.00%

x 3.62%

00

00

00

00

Account Number

C. Sales of goods shipped or delivered outside City and/or State D. Bad debts (open accounts sales on which DENVER tax was

H. Returned goods (on which DENVER tax was previously paid)

G. Exempt sales to governmental, religious, and charitable organizations

K. Sales of Aviation / Railway Fuel (Put gallons sold on Line 5A below)

T FILE A RETURN EVEN IF YOU ERMINED THAT NO TAX IS DUE

NT INFORMATION IS ON

TIONS ARE ON THE BACK

| ACCOUNT NUMBER | PHONE NUMBER | PERIOD END              |
|----------------|--------------|-------------------------|
|                |              | MEDIA #<br>000000000006 |

## E B - USE TAX

|                                                   |                                                        |    | ••=        |    |
|---------------------------------------------------|--------------------------------------------------------|----|------------|----|
| 1                                                 | Gallons of<br>Aviation / Railway<br>Fuel Purchased     |    | x 4¢ / gal | 00 |
| 2                                                 | Short-Term<br>Vehicle Rental                           | 00 | x 7.25%    | 00 |
| 3                                                 | Taxable Food &<br>Beverage                             | 00 | x 4.00%    | 00 |
| 4                                                 | Other Taxable<br>Purchases                             | 00 | x 3.62%    | 00 |
| 5                                                 | Add Incremental Tax Due (See instructions on the back) |    | 00         |    |
| 6                                                 | Consumer Use Tax (Total of Lines 1-5)                  |    |            | 00 |
| Line Converties included on line 0 of Colordule A |                                                        |    |            |    |

Line 6 must be included on line 8 of Schedule A

## ADDRESS CHANGE

| 00       |                                                                                                                                   |
|----------|-----------------------------------------------------------------------------------------------------------------------------------|
| 00       | STREET:                                                                                                                           |
| 00       |                                                                                                                                   |
| 00       | CITY:                                                                                                                             |
| 00       | STATE: ZIP CODE:                                                                                                                  |
| 00       | PHONE:                                                                                                                            |
| 00<br>00 | FAX:                                                                                                                              |
| 00       | EMAIL:                                                                                                                            |
| 00       | Please check this box if these changes also need to be applied to your Occupational Privilege Tax account                         |
| 00       | If the status of your business has changed, please complete the Account<br>Change or Closure Request Form located at our website: |
| 00       | www.denvergov.org/treasury                                                                                                        |
| 00       |                                                                                                                                   |
| 00       |                                                                                                                                   |

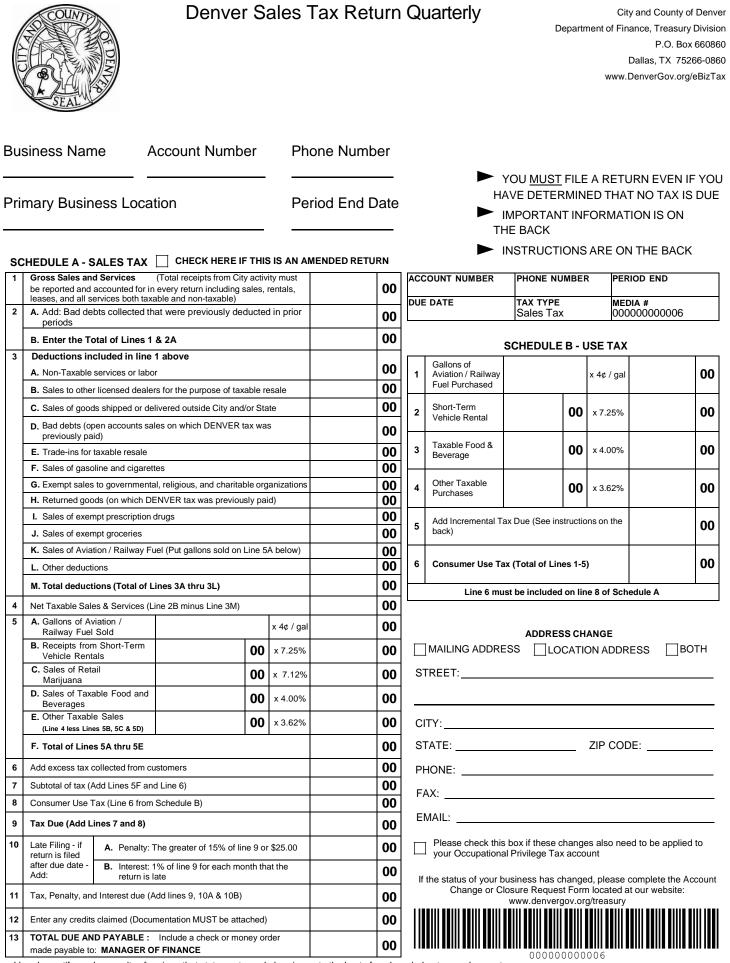
I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true and correct.

A. Penalty: The greater of 15% of line 9 or \$25.00

B. Interest: 1% of line 9 for each month that the

Signature (Required)

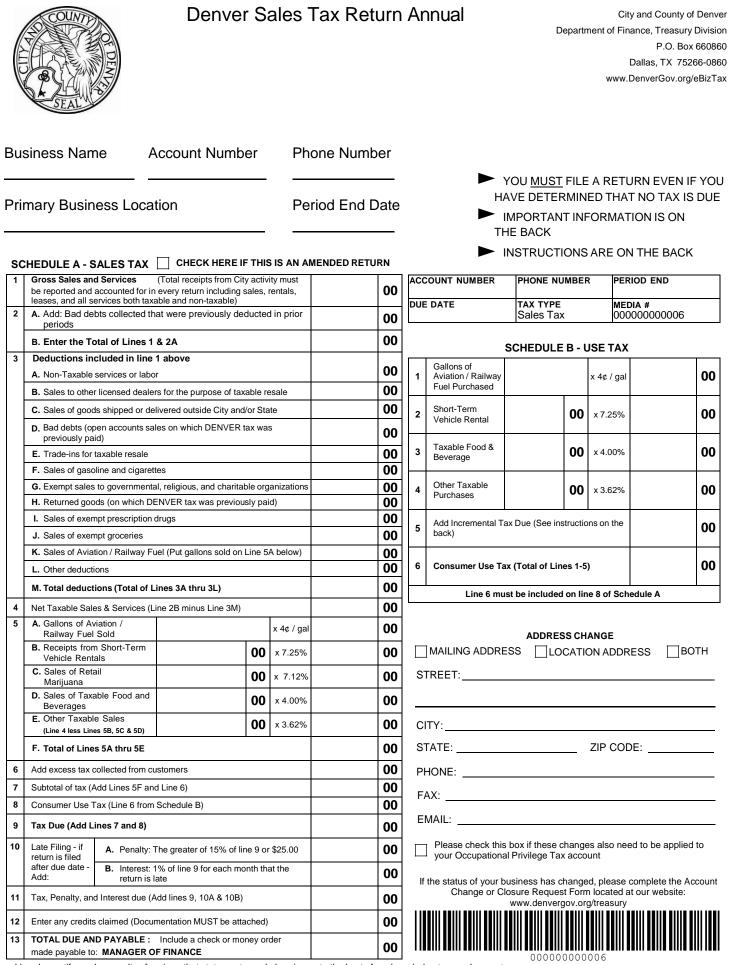
Title



I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true and correct.

Signature (Required)

Date



I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true and correct.

Signature (Required)

Title

Date