

City of Lakewood

www.lakewood.org
 REVENUE DIVISION
 PO BOX 17479
 DENVER, CO 80217

Please mail this return along with
 a check or money order to:
 REVENUE DIVISION
 PO BOX 17479
 DENVER, CO 80217

**Tax Sales**

**Account
 Letter
 Period**

City of Lakewood Monthly Sales Return**SCHEDULE A - SALES TAX** ☐ **CHECK HERE IF THIS IS AN AMENDED RETURN**

DEDUCTIONS	1	Gross Sales and Services (Total receipts from City activity must be reported and accounted for on every return including sales, rentals, leases, and all services both taxable and non-taxable)		00
	2	Deductions included in line 1 above		00
		A. Non-Taxable service sales		00
		B. Sales to other licensed dealers for resale		00
		C. Sales of goods shipped or delivered outside of city		00
		D. Bad debts charged off		00
		E. Trade-ins for taxable resale		00
		F. Sales of gasoline and cigarettes		00
		G. Sales to governmental and charitable organizations		00
		H. Returned goods		00
		I. Prescription drugs		00
	J. Other Non-taxable		00	
	K. Total deductions (Total of Lines 2A thru 2J)		00	
	3	Net taxable sales & services (Subtract Line 2K from Line 1)		00
	4	Taxable PIF from Schedule B line 8		00
	5	Total net taxable amount (Add Line 3 & Line 4)		00
	6	Amount of city sales tax (3% of amount on line 5)		00
	7	Add excess tax collected		00
	8	City use tax		00
		A. Total purchase price of property subject to city use tax. Please retain an itemized schedule of purchases for your records.		00
		B. Use tax (3% of amount on Line 8A)		00
	9	Total Taxes and Fees Due (Add Lines 6, 7, 8B and Schedule B line 6)		00
	10	Late Filing - if return is filed after due date		00
		A. Penalty: 10% of Line 9		00
		B. Interest: 1% of Line 9 for each month late		00
	11	TOTAL DUE AND PAYABLE : (Add lines 9, 10A, 10B) Make payment payable to CITY OF LAKEWOOD		00

▶ **YOU MUST FILE A RETURN EVEN IF YOU
 HAVE DETERMINED THAT NO TAX IS DUE**

ACCOUNT NUMBER	LICENSE #	
TAX AREA	MEDIA #	SITE #
FILING PERIOD	DUE	
LICENSE NAME & ADDRESS		

SCHEDULE B - PUBLIC IMPROVEMENT FEE

1	Gross sales and services		00
2	PIF Deductions		00
3	Net PIF sales		00
4	PIF Due (1.4% of Line 3)		00
5	Excess PIF collected		00
6	Total PIF		00
7	Non-taxable PIF		00
8	Taxable PIF (Line 6 minus Line 7)		00

ADDRESS CHANGE

☐ MAILING ☐ LICENSE LOCATION ☐ PRIMARY BUSINESS LOCATION

STREET: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE: _____

FAX: _____

EMAIL: _____

If the status of your business has changed, please complete the Account
 Change or Closure Request Form located at our website:
www.lakewood.org

IMPORTANT: 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 _____