



CITY OF COLORADO SPRINGS SALES TAX RETURN

- Return must be filed even if no tax due
- Returns are late if not in tax office or postmarked by due date
- Always 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@coloradosprings.gov
- Mailing address:
City of Colorado Springs, Department 2408, Denver, CO 80256-0001
- Online Services, instructions, additional forms & amended returns are available on our website: ColoradoSprings.gov, search "Sales Tax"
- If reporting use taxes on line 8 of this tax return please attach Schedule B, use tax detail report or like schedule

ENTITY:

DOING BUSINESS AS:

MAILING ADDRESS:

CITY, STATE, ZIP CODE:

PERIOD COVERED	DUE DATE	ACCOUNT / CUSTOMER ID	COMPUTATION OF TAX	
1. GROSS SALES AND SERVICE	(TOTAL RECEIPTS FROM CITY ACTIVITIES MUST BE REPORTED INCLUDING ALL SALES, RENTALS, & LEASES, & ALL SERVICES BOTH TAXABLE & NON-TAXABLE)		5A. CITY SALES TAX 3.07% 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 RESALE			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 3.07% =	
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 RESALE (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 PENALTY X 10% =	
3H. RETURNED GOODS (ON WHICH CITY TAX WAS PAID)			INTEREST PER MONTH X 5% =	
3I. PRESCRIPTION DRUGS AND PROSTHETIC DEVICES			13. TOTAL TAX PENALTY AND INTEREST DUE (ADD LINES 11 AND 12)	
3J. GROCERIES EXEMPTED BY SECTION 2-7-415 OF ORDINANCE			14. ADJUSTMENT PRIOR PERIODS (ATTACH COPY OF OVER OR UNDER PAYMENT NOTICE)	
3K. OTHER DEDUCTIONS (LIST)			A. ADD (+)	
3L.			B. DEDUCT(-)	
3M.			15. TOTAL DUE AND PAYABLE	\$
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:						\$	\$

IF NO LONGER IN BUSINESS LIST YOUR CANCELLATION DATE BELOW:	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.
____ / ____ / 20____ (RETURN YOUR SALES TAX LICENSE WITH THIS RETURN IF BUSINESS IS CANCELLED)	_____ _____ _____ _____	SIGNATURE: _____ COMPANY: _____ PHONE: _____ EMAIL: _____ TITLE: _____ DATE: _____