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 a detailed schedule

ENTITY:

DOING BUSINESS AS:

MAILING ADDRESS:

CITY, STATE, ZIP CODE:

PERIOD COVERED | **DUE DATE** | **ACCOUNT / CUSTOMER ID**

1.	**GROSS SALES AND SERVICE** (TOTAL RECEIPTS FROM CITY ACTIVITIES MUST BE REPORTED INCLUDING ALL SALES, RENTALS, & LEASES, & ALL SERVICES BOTH TAXABLE & NON-TAXABLE)		
2A.	**ADD: BAD DEBTS COLLECTED**		
2B.	**TOTAL LINES 1 & 2A**		
3A.	NON-TAXABLE SERVICE SALES (INCLUDED IN LINE 1)		
3B.	SALES TO OTHER LICENSED DEALERS FOR TAXABLE RESALE		
3C.	SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN LINE 1)		
3D.	BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)		
3E.	TRADE-INS FOR TAXABLE RESALE (FOR CITY TAXABLE SALES ONLY)		
3F.	SALES OF GASOLINE AND CIGARETTES		
3G.	SALES TO GOVERNMENTAL, RELIGIOUS, AND CHARITABLE ORGANIZATIONS		
3H.	RETURNED GOODS (ON WHICH CITY TAX WAS PAID)		
3I.	PRESCRIPTION DRUGS AND PROSTHETIC DEVICES		
3J.	GROCERIES EXEMPTED BY SECTION 2-7-415 OF ORDINANCE		
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)		

COMPUTATION OF TAX

5A.	CITY SALES TAX **3.12%** OF LINE 4 =		
5B.	AMOUNT OF LINE 4 SUBJECT TO LODGERS' TAX _____ X **2.0%** =		
5C.	AMOUNT OF LINE 4 SUBJECT TO AUTO RENTAL TAX _____ X **1.0%** =		
6.	ADD EXCESS TAX COLLECTED =		
7.	DEDUCT **0%** OF LINE 7 (VENDOR FEE, IF PAID BY DUE DATE) =		**N/A**
*8.	CITY USE TAX – AMOUNT SUBJECT TO TAX _____ X **3.12%** =		
9.	MOTION PICTURE THEATRE ADMISSIONS TAX _____ X **2.0%** =		
10.	BICYCLE EXCISE TAX – # OF NEW BICYCLES SOLD _____ X **$4.00** =		
11.	**TOTAL TAX DUE (ADD LINES 5A THROUGH LINE 10)**		
12.	LATE FILING ADD IF RETURN IS FILED AFTER DUE DATE — PENALTY X **10%=**		
	INTEREST PER MONTH X **.75%=**		
13.	**TOTAL TAX PENALTY AND INTEREST DUE (ADD LINES 11 AND 12)**		
14.	ADJUSTMENT PRIOR PERIODS (ATTACH COPY OF OVER OR UNDER PAYMENT NOTICE) — A. ADD (+)		
	B. DEDUCT(-)		
15.	**TOTAL DUE AND PAYABLE**		**$**

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: ☐ BUSINESS ADDRESS ☐ 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: