



**SALES/USE TAX RETURN**

SALES TAX DIVISION, PO Box 910222, DENVER, CO 80291-0222  
 303-538-7400 FAX 303-538-7556  
 WEB: www.cityofthornton.net

**COMPUTATION OF TAX**

| PERIOD COVERED   | DUE DATE   | ACCT.# |  |  |  |  |
|--|--|--------|--|--|--|--|
| <b>2016</b>  |  |        |  |  |  |  |
| 1. <b>GROSS SALES</b> (TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INCL. ALL SALES, RENTALS, AND LEASES AND ALL SERVICES INCLUDING BOTH TAXABLE AND NON-TAXABLE.)   |  |        |  |  |  |  |
| 2A. <b>ADD: BAD DEBTS COLLECTED</b>  |  |        |  |  |  |  |
| 2B. <b>TOTAL LINES 1 &amp; 2A</b>  |  |        |  |  |  |  |
| <b>D E D U C T I O N S</b>   | 3. A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE)           |        |  |  |  |  |
|  | B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE    |        |  |  |  |  |
|  | C. SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN ITEM 1 ABOVE) |        |  |  |  |  |
|  | D. BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)     |        |  |  |  |  |
|  | E. TRADE-INS FOR TAXABLE RESALE                                      |        |  |  |  |  |
|  | F. SALES OF GASOLINE AND CIGARETTES                                  |        |  |  |  |  |
|  | G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS     |        |  |  |  |  |
|  | H. RETURNED GOODS  |        |  |  |  |  |
|  | I. PRESCRIPTION DRUGS / PROSTHETIC DEVICES                           |        |  |  |  |  |
|  | J. FOOD STAMPS   |        |  |  |  |  |
|  | K. OTHER:  |        |  |  |  |  |
| 3. <b>TOTAL DEDUCTIONS</b> (TOTAL OF LINES 3 A THRU K)   |  |        |  |  |  |  |
| 4. <b>TOTAL CITY NET TAXABLE SALES &amp; SERVICES</b> (LINE 2B MINUS TOTAL LINE 3)   |  |        |  |  |  |  |
|  |  |        | 5. AMOUNT OF CITY SALES TAX: 3.75% OF LINE 4                                     |  |  |  |
|  |  |        | 6. ADD: EXCESS TAX COLLECTED   |  |  |  |
|  |  |        | 7. ADJUSTED CITY TAX (ADD LINES 5 AND 6)   |  |  |  |
|  |  |        | 8. DEDUCT VENDORS FEE IF PAID BY DUE DATE (3.0% OF LINE 7 UP TO MAXIMUM OF \$25) |  |  |  |
|  |  |        | 9. TOTAL SALES TAX (LINE 7 MINUS LINE 8)   |  |  |  |
|  |  |        | 10. NET TAXABLE USE TAX (FROM SCHEDULE B) _____ X 3.75%                          |  |  |  |
|  |  |        | 11. TOTAL TAX DUE (ADD LINES 9 AND 10)   |  |  |  |
|  |  |        | 12. LATE FILING IF RETURN IS FILED AFTER DUE DATE THEN ADD:                      |  | PENALTY: GREATER OF 10% OR \$15<br>INTEREST PER MONTH: 0.50% |  |
|  |  |        | 13. TOTAL DUE AND PAYABLE (ADD LINES 11 AND 12)                                  |  |  |  |
| MAKE CHECK OR MONEY ORDER PAYABLE TO:<br>CITY OF THORNTON  |  |        |  |  |  |  |
| <p><b>SPECIAL MESSAGE TO TAXPAYER: Did you know you can file online? Please visit us at <a href="http://www.cityofthornton.net">www.cityofthornton.net</a> or call us at 303-538-7400 for more information.</b></p> <p><b>If you are filing a zero return, please file online or mail it to City of Thornton, Attn: Sales Tax, 9500 Civic Center Drive, Thornton, CO 80229</b></p> |  |        |  |  |  |  |
| IF YOUR BUSINESS HAS MOVED, CHANGED OWNERSHIP, OR CEASED OPERATIONS, PLEASE COMPLETE THE APPROPRIATE BOXES BELOW.  |  |        |  |  |  |  |

**SCHEDULE - B - CITY USE TAX**

The Thornton Municipal Code imposes a tax upon the privilege of using, storing, distributing or otherwise consuming in the City tangible property or taxable services purchased, rented or leased.

| DATE OF PURCHASE   | NAME OF VENDOR ADDRESS | TYPE OF COMMODITY PURCHASED | PURCHASE PRICE |
|--|------------------------|-----------------------------|----------------|
| (A) LIST OF PURCHASES (IF ADDITIONAL SPACE NEEDED - ATTACH SCHEDULE IN SAME FORMAT)                |                        |                             |                |
|  |                        |                             | \$             |
|  |                        |                             |                |
|  |                        |                             |                |
|  |                        |                             |                |
|  |                        |                             |                |
|  |                        |                             |                |
|  |                        |                             |                |
| (B) TOTAL PURCHASE PRICE OF PROPERTY SUBJECT TO CITY USE TAX ENTER TOTAL LINE (B) ON LINE 10 ABOVE |                        |                             | \$             |

|  |   |  |   |
|--|---|--|---|
| NEW BUSINESS DATE<br>MO. DAY YEAR<br>_____<br>DISCONTINUED DATE<br>MO. DAY YEAR<br>_____ | 1. If ownership has changed, give date of change and new owner's name.<br>2. If business has been permanently discontinued, give date discontinued.<br>3. If business location has changed, give new address.<br>4. Records are kept at what address?<br>_____<br>5. If business is temporarily closed, give dates to be closed.<br>6. If business is seasonal, give months of operation. | SHOW BELOW CHANGE OF OWNERSHIP, NAME AND/OR ADDRESS, ETC<br>_____<br>_____<br>_____<br>_____<br><input type="checkbox"/> BUS. 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.<br><br>BY: _____<br>COMPANY: _____<br>PHONE: _____<br><br>TITLE _____ DATE _____ |
|--|---|--|---|