### CITY OF LOVELAND

#### LODGING TAX RETURN

**TAXPAYER NAME & ADDRESS**

**PERIOD**

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**ONLINE FILING IS AVAILABLE AT**

www.cityofloveland.org/departments/finance/sales-tax/citizen-access

**A ZERO RETURN MUST BE FILED IF NO TAX IS DUE**

1. **RECEIPTS FROM LEASE OR RENTAL OF ACCOMMODATIONS:**

   (Total receipts incl. PIF & RSF where applicable), before sales tax from City activity, must be reported incl. all rentals & leases both taxable and non-taxable)

2A. **ADD: BAD DEBTS COLLECTED**

2B: **TOTAL OF LINES 1 AND 2A**

3. **A. Bad Debts Charged Off:**

   (on which tax was previously paid)

4. **TOTAL DEDUCTIONS (Lines 3A - 3E)**

5. **Amount of City Lodging Tax:**

   3% of Line 4

6. **ADD: Excess Tax Collected:**

7. **Adjusted Lodging Tax:**

   (Add lines 5 and 6)

8A: **Late Filing: If Return is Filed After Due Date Then Add:**

8B: **Interest: 1% per Month of line 7**

9. **Total Lodging Tax Due:**

   (add lines 7, 8A, 8B)

10. **Adjustments Prior Periods:**

    (attach notice)

**TOTAL DUE & PAYABLE:**

Payable to: CITY OF LOVELAND

**SHOW BELOW ANY CHANGE OF BUSINESS NAME, OWNERSHIP, OR ADDRESS**

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

- Name: 
- Signature: 
- Phone: 
- E-Mail: 
- Date: 

- BUS ADDRESS
- MAILING ADDRESS

**DATE OF BUSINESS CLOSURE OR SALE:**

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SALES TAX DIVISION
PO BOX 0845 - LOVELAND, CO 80539-0845
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EMAIL: salestax@cityofloveland.org
www.cityofloveland.org/salestax

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