



SALES TAX DIVISION
 PO BOX 0845 - LOVELAND, CO 80539-0845
 (970) 962-2708 FAX (970) 962-2927
 EMAIL: salestax@cityofloveland.org
 www.lovelandgovernment.org/salestax

**CITY OF LOVELAND
 SALES TAX RETURN**

TAXPAYER NAME & ADDRESS	PERIOD	DUE DATE	CITY LICENSE #
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ONLINE FILING IS AVAILABLE AT www.cityofloveland.org/services/finance/sales-tax/online-portal-citizen-access	A ZERO RETURN MUST BE FILED IF NO TAX IS DUE
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1.	GROSS SALES AND SERVICE: (TOTAL RECEIPTS, BEFORE SALES TAX, FROM CITY ACTIVITY MUST BE REPORTED INCLUDING ALL SALES, RENTALS, LEASES, & SERVICES, BOTH TAXABLE & NON-TAXABLE)		5.	Amount of City Sales Tax: 3.0% of Line 4					
			6.	ADD: Excess Tax Collected:					
			7.	Total City Sales Tax: (Add lines 5 and 6)					
2A.	ADD: BAD DEBTS COLLECTED		8A:	Late Filing: If Return is Filed After Due Date Then Add: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: small;">Penalty: 10% of line 7 or \$15, whichever is greater</td> <td style="text-align: right;">➡</td> </tr> <tr> <td style="font-size: small;">Interest: 1% per Month of line 7</td> <td style="text-align: right;">➡</td> </tr> </table>	Penalty: 10% of line 7 or \$15, whichever is greater	➡	Interest: 1% per Month of line 7	➡	
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2B:	TOTAL OF LINES 1 & 2A		8B:						
3.	A. Non-Taxable Service or Labor:								
	B. Sales To Other Licensed Dealers for Purposes of Taxable Resale								
D	C. Sales Shipped Out of City:								
E	D. Bad Debts Charged Off:		9A.	Amount Subject to Tax from Schedule B:					
	(on which tax was previously paid)		9B.	3.0% of line 9A					
U	E. Trade-in For Taxable Resale:		10.	Total Tax Due & Payable: (add lines 7, 8A, 8B, 9B)					
C	F. Sales of Gasoline and Cigarettes:		11.	Adjustments Prior Periods: (attach copy of notice)					
T	G. Sales to Governmental, Religious, and Charitable Organizations:		TOTAL DUE & PAYABLE:						
I	H. Returned Goods:		Payable to:						
	(on which tax was previously paid)		City of Loveland						
S	I. Prescription Drugs & Prosthetic Devices:								
	J. Food Stamps:		SCHEDULE B						
	K. Lodging Over 30 Days:				Purchase Price				
	L. Other (Please Explain):								
TOTAL DEDUCTIONS (Total of Lines 3A - 3L)				Building Materials Subject to Use Tax:	\$				
4.	TOTAL NET TAXABLE SALES & SVCS: (line 2B minus total deductions)			Sale/Purchase of Business Equipment:	\$				
				Total Price Subject to Tax	\$				
				(Enter Total on Line 9A)					

SHOW BELOW ANY CHANGE OF BUSINESS NAME, OWNERSHIP, OR ADDRESS _____ _____ _____ <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. Name: _____ Signature: _____ Phone: _____ E-Mail: _____ Date: _____
DATE OF BUSINESS CLOSURE OR SALE: _____	