



SALES TAX DIVISION
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 EMAIL: salestax@cityofloveland.org
 www.lovelandgovernment.org/salestax

**CITY OF LOVELAND
 CENTERRA SALES TAX RETURN**

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|------------------------------------|---------------|-----------------|-----------------------|
| 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, PIF, RSF, RENTALS, LEASES, & SERVICES, BOTH TAXABLE & NON-TAXABLE) | | 5. | Amount of City Sales Tax: 1.75% 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: top;"> <tr> <td style="width: 15%;">Penalty: 10% of line 7 or \$15, whichever is greater</td> <td style="width: 5%;"></td> </tr> <tr> <td>Interest: 1% per Month of line 7</td> <td></td> </tr> </table> | Penalty: 10% of line 7 or \$15, whichever is greater | | Interest: 1% per Month of line 7 | | |
| Penalty: 10% of line 7 or \$15, whichever is greater | | | | | | | | | |
| Interest: 1% per Month of line 7 | | | | | | | | | |
| 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: (on which tax was previously paid) | | 9A. | Amount Subject to Tax from Schedule B: | | | | | |
| U | E. Trade-in For Taxable Resale: | | 9B. | 3.0% of line 9A | | | | | |
| C | F. Sales of Gasoline and Cigarettes: | | 10. | Total Tax Due & Payable: (add lines 7, 8A, 8B, 9B) | | | | | |
| T | G. Sales to Governmental, Religious, and Charitable Organizations: | | 11. | Adjustments Prior Periods: (attach copy of notice) | | | | | |
| O | H. Returned Goods: (on which tax was previously paid) | | TOTAL DUE & PAYABLE: | | | | | | |
| S | I. Prescription Drugs & Prosthetic Devices: | | Payable to: City of Loveland | | | | | | |
| | J. Food Stamps: | | | | | | | | |
| | K. Lodging Over 30 Days: | | SCHEDULE B | | | | | | |
| | L. Other (Please Explain): | | | | Purchase Price | | | | |
| 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) | \$ | | | | |

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| 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: _____ | |