



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  
 CENTERRA SALES TAX RETURN**

<b>TAXPAYER NAME &amp; ADDRESS</b>	<b>PERIOD</b>	<b>DUE DATE</b>	<b>CITY LICENSE #</b>

**ONLINE FILING IS AVAILABLE AT**  
[www.cityofloveland.org/services/finance/sales-tax/online-portal-citizen-access](http://www.cityofloveland.org/services/finance/sales-tax/online-portal-citizen-access)

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

1.	<b>GROSS SALES AND SERVICE:</b> (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:	
2A.	ADD: BAD DEBTS COLLECTED		7.	Total City Sales Tax: (Add lines 5 and 6)	
2B.	TOTAL OF LINES 1 & 2A		8A:	Late Filing: If Return is Filed After Due Date Then Add:	Penalty: 10% of line 7 or \$15, whichever is greater
3.	A. Non-Taxable Service or Labor:				Interest: 1% per Month of line 7
	B. Sales To Other Licensed Dealers for Purposes of Taxable Resale		8B:		
D	C. Sales Shipped Out of City:		9A.	Amount Subject to Tax from Schedule B:	
E	D. Bad Debts Charged Off: (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:		<b>TOTAL DUE &amp; PAYABLE:</b>		
I	H. Returned Goods: (on which tax was previously paid)		<b>Payable to:</b>		
O	I. Prescription Drugs & Prosthetic Devices:		<b>City of Loveland</b>		
N	J. Food Stamps:				
S	K. Lodging Over 30 Days:		<b>SCHEDULE B</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)		\$

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

BUS. ADDRESS     MAILING ADDRESS

DATE OF BUSINESS CLOSURE OR SALE: \_\_\_\_\_

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: \_\_\_\_\_