


PERIOD COVERED DUE DATE	TAXPAYER'S NAME AND ADDRESS ACCOUNT NUMBER	
1. GROSS SALES AND SERVICE <small>(TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INCL ALL SALES, RENTALS, AND LEASES AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE)</small>		
2A. ADD: BAD DEBTS COLLECTED		
2B. TOTAL: (SUM OF LINES 1 AND 2A)		
3. DEDUCTIONS A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE) B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RE-SALE 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 RE-SALE F. SALES OF GASOLINE AND CIGARETTES G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS H. RETURNED GOODS I. PRESCRIPTION DRUGS / PROSTHETIC DEVICES J. OTHER DEDUCTIONS LIST K. L. M. TAXABLE FOOD SALES		
3. TOTAL DEDUCTIONS <small>(TOTAL OF LINES A THRU M)</small>		
4. TOTAL CITY NET TAXABLE SALES & SERVICE <small>(LINE 2B MINUS TOTAL LINE 3)</small>		

CITY OF GREELEY

SALES/USE TAX RETURN

PO Box 1648 • Greeley, CO 80632
 PHONE: (970) 350-9733 FAX: (970) 350-9736
 EMAIL: greeleysalestax@greeleygov.com

COMPUTATION OF TAX


5. AMOUNT OF CITY SALES TAX: (LINE 4) \$	X .0411=	
6. AMOUNT OF FOOD TAX: (LINE 3M) \$	X .0346=	
7. ADD: EXCESS TAX COLLECTED:		
8. ADJUSTED CITY TAX: (SUM OF LINES 5,6 AND 7)		XXXXXX
9.		XXXXIXX
10.		
11. CITY USE TAX: (SCHEDULE B) \$	X .0411=	
12. TOTAL TAX DUE: (ADD LINES 8 AND 11)		
13. (LATE FILING IF RETURN IS FILED AFTER DUE DATE THEN) ADD:	A - PENALTY: (LINE 12 x .10) = B - INTEREST: (LINE 12 x .01 x # OF MONTHS LATE) =	13A+13B
14. TOTAL TAX, PENALTY AND INTEREST DUE: (ADD LINES 12 AND 13)		
15. ADJUSTMENT PRIOR PERIODS	A - ADD: B - DEDUCT:	15A-15B
16. TOTAL DUE AND PAYABLE: (MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF GREELEY)	TOTAL OF LINES 14 AND 15	

SPECIAL MESSAGE TO AND FROM CITY/TAXPAYER

CHECK HERE FOR BUSINESS CLOSURE / CHANGE OF OWNERSHIP
 CHECK HERE IF CHANGE OF ADDRESS
 COMPLETE THE REVERSE SIDE IF ANY OF THE ABOVE APPLY

PLEASE COMPLETE THIS FORM ON REVERSE SIDE

*** ALWAYS SIGN REVERSE SIDE OF FORM ***

PERIOD COVERED DUE DATE	TAXPAYER'S NAME AND ADDRESS ACCOUNT NUMBER	
1. GROSS SALES AND SERVICE <small>(TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INCL ALL SALES, RENTALS, AND LEASES AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE)</small>		
2A. ADD: BAD DEBTS COLLECTED		
2B. TOTAL: (SUM OF LINES 1 AND 2A)		
3. DEDUCTIONS A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE) B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RE-SALE 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 RE-SALE F. SALES OF GASOLINE AND CIGARETTES G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS H. RETURNED GOODS I. PRESCRIPTION DRUGS / PROSTHETIC DEVICES J. OTHER DEDUCTIONS LIST K. L. M. TAXABLE FOOD SALES		
3. TOTAL DEDUCTIONS <small>(TOTAL OF LINES A THRU M)</small>		
4. TOTAL CITY NET TAXABLE SALES & SERVICE <small>(LINE 2B MINUS TOTAL LINE 3)</small>		

CITY OF GREELEY

SALES/USE TAX RETURN

PO Box 1648 • Greeley, CO 80632
 PHONE: (970) 350-9733 FAX: (970) 350-9736
 EMAIL: greeleysalestax@greeleygov.com

COMPUTATION OF TAX

5. AMOUNT OF CITY SALES TAX: (LINE 4) \$	X .0411=	
6. AMOUNT OF FOOD TAX: (LINE 3M) \$	X .0346=	
7. ADD: EXCESS TAX COLLECTED:		
8. ADJUSTED CITY TAX: (SUM OF LINES 5,6 AND 7)		XXXXXX
9.		XXXXIXX
10.		
11. CITY USE TAX: (SCHEDULE B) \$	X .0411=	
12. TOTAL TAX DUE: (ADD LINES 8 AND 11)		
13. (LATE FILING IF RETURN IS FILED AFTER DUE DATE THEN) ADD:	A - PENALTY: (LINE 12 x .10) = B - INTEREST: (LINE 12 x .01 x # OF MONTHS LATE) =	13A+13B
14. TOTAL TAX, PENALTY AND INTEREST DUE: (ADD LINES 12 AND 13)		
15. ADJUSTMENT PRIOR PERIODS	A - ADD: B - DEDUCT:	15A-15B
16. TOTAL DUE AND PAYABLE: (MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF GREELEY)	TOTAL OF LINES 14 AND 15	

SPECIAL MESSAGE TO AND FROM CITY/TAXPAYER

CHECK HERE FOR BUSINESS CLOSURE / CHANGE OF OWNERSHIP
 CHECK HERE IF CHANGE OF ADDRESS
 COMPLETE THE REVERSE SIDE IF ANY OF THE ABOVE APPLY

PLEASE COMPLETE THIS FORM ON REVERSE SIDE

*** ALWAYS SIGN REVERSE SIDE OF FORM ***

SCHEDULE - B - CITY USE TAX

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

SCHEDULE - C - CONSOLIDATED ACCOUNTS REPORT

This schedule is required in all cases in which the taxpayer makes a consolidated return which includes sales made at more than one location. It must be completely filled out and convey all information required in accordance with the column headings. If additional space is needed attach schedule in same format.

DATE OF PURCHASE	NAME OF VENDOR ADDRESS	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE	ACCOUNT NUMBER	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1 FRONT OF RETURN)	PERIODS NET TAXABLE SALES (AGGREGATE TO LINE 4 FRONT OF RETURN)
(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 11 ON FRONT OF RETURN			\$	ENTER TOTALS HERE AND ON FRONT OF RETURN		\$	\$

NEW BUSINESS DATE
MO. DAY YR.

DISCONTINUED DATE
MO. DAY YR.

1. If ownership has changed, give date of change and new owner's name
2. If business has been permanently discontinued, give date discontinued
3. If business location has changed, give new address
4. Records are kept at what address? _____
5. If business is temporarily closed, give dates to be closed
6. If business is seasonal, give month of operation
7. If the return includes sales for more than one location, refer to and complete schedule "C"

SHOW BELOW CHANGE OF OWNERSHIP, NAME AND/OR ADDRESS.

BUS ADDRESS MAILING ADDRESS

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

BY _____

COMPANY _____

PHONE _____

TITLE _____ DATE _____

SCHEDULE - B - CITY USE TAX

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

SCHEDULE - C - CONSOLIDATED ACCOUNTS REPORT

This schedule is required in all cases in which the taxpayer makes a consolidated return which includes sales made at more than one location. It must be completely filled out and convey all information required in accordance with the column headings. If additional space is needed attach schedule in same format.

DATE OF PURCHASE	NAME OF VENDOR ADDRESS	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE	ACCOUNT NUMBER	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1 FRONT OF RETURN)	PERIODS NET TAXABLE SALES (AGGREGATE TO LINE 4 FRONT OF RETURN)
(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 11 ON FRONT OF RETURN			\$	ENTER TOTALS HERE AND ON FRONT OF RETURN		\$	\$

NEW BUSINESS DATE
MO. DAY YR.

DISCONTINUED DATE
MO. DAY YR.

1. If ownership has changed, give date of change and new owner's name
2. If business has been permanently discontinued, give date discontinued
3. If business location has changed, give new address
4. Records are kept at what address? _____
5. If business is temporarily closed, give dates to be closed
6. If business is seasonal, give month of operation
7. If the return includes sales for more than one location, refer to and complete schedule "C"

SHOW BELOW CHANGE OF OWNERSHIP, NAME AND/OR ADDRESS.

BUS ADDRESS MAILING ADDRESS

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

BY _____

COMPANY _____

PHONE _____

TITLE _____ DATE _____