



P. O. Box 4000
Sterling, CO 80751
(970) 522-9700
FAX (970) 521-0632

City Sales Tax # _____
Vendor Name _____
Address, City State Zip _____

Period End Date _____ Due 20th of next month

Sales / Use Tax Return

1. Gross Sales and Services		
2. Add: Bad Debts Collected		
3. Total Lines 1 + 2		
4. Deductions:		
A. Non-Taxable Service Sales (included in Line 1)		
B. Sales to Other Dealers for Resale		
C. Sales Shipped Out of City		
D. Bad Debts Charged Off		
E. Trade-Ins for Taxable Resale		
F. Sales of Gasoline and Cigarettes		
G. Sales to Government, Religious, Charitable		
H. Returned Goods		
I. Prescription Drugs		
J. Other (must be identified) _____		
K. _____		
L. _____		
Total Deductions (Lines 4A thru 4L)		
5. Net Taxable Sales & Services (Line 3 less "Total Deductions")		
6. Amount of City Tax: 3% (0.03) of Line 5		
7. Add: Excess Tax Collected		
8. Total Sales Tax (Line 6 + Line 7)		
9. Amount Subject to Use Tax \$ _____ Times 3.0% of that (x 0.03)		
10. If Return is filed or Total Tax is paid after Due Date, add Penalty + Interest:		
A. Penalty: 10% (0.10) of Lines 8 + 9		
B. Interest: 1% (0.01) of Lines 8 + 9 per month or any portion		
Total Penalty & Interest		
11. Total Tax, Penalty & Interest (Lines 8 + 9 + "Total Penalty & Interest")		
12. Add: Underpayment on Prior Return		
13. Deduct: Overpayment on Prior Return		
14. Total Due and Payable (Lines 11 + 12 - Line 13)		

(Please make check or money order payable to "City of Sterling.")

<p>_____ Check here for permanent business closure. _____ Check here for change of address. _____ Check here for change of ownership.</p> <p>Date of change: _____</p>	<p>New business name, address, phone number, and/or owner:</p>
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I certify under penalty of perjury that the statements made hereon are to the best of my knowledge true and correct.

Signature: _____ Phone: _____
Company: _____ Date: _____