

TAXPAYER'S NAME AND ADDRESS

PERIOD COVERED DUE DATE	ACCOUNT NUMBER
Business Name	Street Address
City, State, Zipcode	

TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INCL. ALL SALES RENTALS AND LEASES AND ALL

1. GROSS SALES AND SERVICE	-																																																										
2A. ADD: BAD DEBTS COLLECTED																																																											
2B. TOTAL LINES 1 & 2A																																																											
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3. TOTAL DEDUCTIONS (TOTAL OF LINES 3 A THROUGH L)		-																																																									
4. TOTAL CITY NET TAXABLE SALES & SERVICE (LINE 2B MINUS LINE 3)		-																																																									

CITY OF COMMERCE CITY

7887 E 60TH AVENUE, COMMERCE CITY, CO 80022-4199
(303) 289-3628 WWW.C3GOV.COM

COMPUTATION OF TAX

5.	AMOUNT OF CITY SALES TAX 4.5% OF LINE 4		-		
6. ADD: EXCESS TAX COLLECTED					
7. ADJUSTED CITY SALES TAX (ADD LINES 5 & 6)					
8. DEDUCT 2% OF LINE 7 - MAXIMUM \$100 (VENDORS FEE IF USPS MARKED BY 20TH OF MONTH)					
9. TOTAL SALES TAX DUE (LINE 7 MINUS LINE 8)					
10. CITY USE TAX (FROM SCHEDULE B) AMOUNT SUBJECT TO TAX: \$0.00 x 4.5% = -					
11. TOTAL TAX DUE (ADD LINES 9 & 10)					
12. LATE FILING PENALTY 10% OF TAX INTEREST AFTER DUE DATE ADD: .0050% PER MONTH					
13. TOTAL TAX / PENALTY / INTEREST DUE (ADD LINES 11 & 12)					
14. ADJUSTMENT PRIOR PERIODS ATTACH COPY OF OVER OR UNDERPAYMENT NOTICE - A-ADD: _____ B-DEDUCT: _____					
15. TOTAL DUE AND PAYABLE			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF COMMERCE CITY</td> <td style="width: 20%; text-align: right;">\$ -</td> </tr> </table>	MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF COMMERCE CITY	\$ -
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SCHEDULE A SPECIAL MESSAGE TO CITY FROM TAXPAYER					
Please note on or after 12:00 midnight, January 1, 2014 the city's sales & use tax rate increased to 4.5%					
CHECK HERE FOR BUSINESS CLOSURE / CHANGE OF OWNERSHIP					
CHECK HERE FOR CHANGE OF ADDRESS					
ALWAYS SIGN BOTTOM OF FORM					
PLEASE COMPLETE THE BOTTOM PORTION OF THIS FORM					

SCHEDULE B - CITY USE TAX

THE CITY OF COMMERCE CITY MUNICIPAL CODE IMPOSES A TAX UPON THE PRIVILEGE OF USING, STORING, DISTRIBUTING, OR OTHERWISE CONSUMING IN THE CITY TANGIBLE PROPERTY OR TAXABLE SERVICES PURCHASED, RENTED OR LEASED.

PURCHASE DATE	VENDOR NAME ADDRESS	COMMODITY PURCHASED	TAXABLE AMOUNT
TOTALS (ENTER ON SPECIFIED LINES ABOVE)			\$ -

ATTACH ADDITIONAL SCHEDULE IN SAME FORMAT IF NEEDED

(B) TOTAL TAXABLE AMOUNT OF PROPERTY SUBJECT TO CITY USE TAX. ENTER TOTAL HERE TO LINE 10 ABOVE	\$ -
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CLOSURE / OWNERSHIP CHANGE DATES NEW BUSINESS START DATE: MO DAY YR DISCONTINUED BUSINESS DATE: MO DAY YR	NEW OWNERSHIP / ADDRESS CHANGE INFORMATION: BUSINESS ADDRESS MAILING ADDRESS
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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. ATTACH ADDITIONAL SCHEDULE IN SAME FORMAT IF NEEDED.

LOCATION ADDRESS	GROSS SALES (LINE 1)	NET TAXABLE SALES (LINE 4)	TAXABLE PURCHASES (LINE 10)
TOTALS (ENTER ON SPECIFIED LINES ABOVE)		\$ -	\$ -

TAXPAYER SIGNATURE (REQUIRED) I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.	BY: _____ COMPANY: _____ TITLE: _____ PHONE: _____ DATE: _____
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- IMPORTANT REMINDERS:**
1. INCLUDE COMMERCE CITY ACCOUNT NUMBER, NAME, AND ADDRESS IN THE UPPER LEFT.
 2. INCLUDE THE PERIOD FOR WHICH YOU ARE FILING.
 3. THE DUE DATE IS THE 20TH OF THE MONTH FOLLOWING THE END OF THE REPORTING PERIOD.
 4. YOUR COMMERCE CITY ACCOUNT NUMBER IS **NOT** YOUR FEIN # OR YOUR STATE OF COLORADO DEPARTMENT OF REVENUE ACCOUNT NUMBER.
 5. IF YOU HAVE RECENTLY APPLIED FOR A COMMERCE CITY ACCOUNT NUMBER, WRITE "APPLIED FOR" AND THE APPLICATION DATE IN THE ACCOUNT NUMBER AREA.
 6. ZERO LIABILITY RETURNS MAY BE EMAILED TO TAXDIVISION@C3GOV.COM (PRIOR TO THE DUE DATE) DO NOT MAIL A COPY.
 7. A RETURN IS REQUIRED EVEN IF NO TAX IS DUE.

COMPLETE BOXES SHADED LIGHT GREEN