



City of  
Golden

FINANCE DEPARTMENT  
SALES TAX DIVISION

# LODGING TAX RETURN FORM

Questions Regarding Form:

Tel: 303-384-8024

REMIT TO: CITY OF GOLDEN, 911 10TH ST., GOLDEN, CO 80401

☐ CHECK HERE FOR BUSINESS CLOSURE\*

☐ CHECK HERE FOR CHANGE OF OWNERSHIP\*

Account Number \_\_\_\_\_

Period Covered \_\_\_\_\_

Due Date \_\_\_\_\_

Taxpayer Name \_\_\_\_\_

Taxpayer Address \_\_\_\_\_

1	Gross Receipts from accommodations	1	<input type="text"/>
2	Deductions	2	<input type="text"/>
	A. Accommodations under contract for 30 days or more to a sole person or entity	2A	<input type="text"/>
	B. Sales to government, religious or charitable organizations*	2B	<input type="text"/>
	C. Other deductions (Explain)	2C	<input type="text"/>
	_____		
	_____		
3	Total deductions (total of lines 2a through 2c)	3 TOTAL	<input type="text"/>
4	Net taxable accommodations (line 1 minus line 3)	4 TOTAL	<input type="text"/>

## COMPUTATION OF LODGING TAX

5	Amount of city lodging tax (6% of line 4)	5	<input type="text"/>
6	Add excess tax collected	6	<input type="text"/>
7	Net lodging tax due (line 5 plus line 6)	7	<input type="text"/>
8	Late Filing - If return is filed after due date add:		
	A. Penalty 10% (\$15 minimum)	8A	<input type="text"/>
	B. Interest Per Month 1%	8B	<input type="text"/>
9	A. Add: Prior period adjustment	9A	<input type="text"/>
	B. Subtract: Prior period adjustment	9B	<input type="text"/>
10	<b>Total Due</b>	10 TOTAL	<input type="text"/>

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

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

1. If ownership has changed, give date of change and new owner's name: \_\_\_\_\_

2. If business has been permanently closed, give date of closure: \_\_\_\_\_

3. If business is seasonal, give months of operation: \_\_\_\_\_