



City of Golden

FINANCE DEPARTMENT
SALES TAX DIVISION

SALES/USE TAX RETURN

Account Number: _____ Period Covered: _____ Due _____

REMIT TO: CITY OF GOLDEN
P.O. BOX 5885, DENVER, CO 80217-5885
TEL: 303-384-8024

CHECK HERE FOR BUSINESS CLOSURE/
CHANGE OF OWNERSHIP (complete page 2)

CHECK HERE IF CHANGE OF ADDRESS
(complete page 2)

1	Gross Sales and Service – Total receipts from city activity must be reported and accounted for in every return. Include all sales, rentals, leases and all services, both taxable and untaxable.	1	_____
2 A	Add bad debts collected	2A	_____
B	Total lines 1 and 2A	2B	_____
3 A	Non-taxable service sales	3A	_____
B	Sales to other licensed dealers for purposes of taxable resale	3B	_____
C	Sales shipped out of city and/or state (included in item 1 above)	3C	_____
D	Bad debts charged off (on which city sales tax has been paid)	3D	_____
E	Trade-ins for taxable resale	3E	_____
F	Sales of gasoline and cigarettes	3F	_____
G	Sales to governmental, religious and charitable organizations	3G	_____
H	Returned goods	3H	_____
I	Prescription drugs/prosthetic devices	3I	_____
J	Other deductions (list): _____	3J	_____
K	_____	3K	_____
L	_____	3L	_____
3	TOTAL DEDUCTIONS (Totals of lines 3A through 3L)	3 TOTAL	_____
4	TOTAL CITY NET TAXABLE SALES AND SERVICES	4 TOTAL	_____

COMPUTATION OF TAX			
5	Amount of city sales tax (3% of line 4)	5	_____
6	Add excess tax collected	6	_____
7	Adjusted city tax (add lines 5 and 6)	7	_____
8	Unused		
9	Unused		
10 A	City use tax: Amount subject to 3% use tax from Schedule A (see side 2)	10A	_____
B	Additional use tax < 3% (see side 2, Schedule B)	10B	_____
11	TOTAL TAX DUE (add lines 7, 10A and 10B)	11	_____
12	Late filing: If return is filed after due date, add Penalty: 10% penalty or \$15, whichever is greater	12	_____
	Interest per month 1%	12	_____
13 A	Add: Prior period adjustment	13A	_____
B	Subtract: Prior period adjustment	13B	_____
14	TOTAL DUE (Make your check or money order payable to the City of Golden)	14 TOTAL	_____

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

X _____
 Name Title Date

 Company Phone _____

USE TAX

The Golden 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.

A credit is given for taxes paid to other municipalities if the property was not delivered to the business in Golden.

SCHEDULE A: CITY USE TAX AT 3%		<i>For purchases where no city tax was paid</i>	
Date of Purchase	Name of Vendor/Address	Type of Commodity Purchased	Purchase Price
Total Purchase Price of Property subject to City 3% Use Tax			\$ _____
Enter here and on line 10A of return			Total tax at 3% \$ _____

SCHEDULE B: CITY USE TAX AT < 3%		<i>For purchases where city tax of less than 3% was paid</i>	
Date of Purchase	Name of Vendor/Address	Type of Commodity Purchased	Purchase Price
Total Purchase Price of Property subject to City 3% Use Tax			\$ _____
Total tax at 3%			\$ _____
Credit for taxes paid to other municipalities Tax Credit			\$ _____
Enter here and on line 10B of return			Total tax at varying rates < 3% \$ _____

SCHEDULE C: CONSOLIDATED ACCOUNTS REPORTS				
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 heading. If additional space is needed, attach a schedule in the same format.				
Account Number	Business Address of Consolidated Accts.	Period's Total Gross Sales <small>(aggregate to line 1, front of return)</small>	Period's Net Taxable Sales <small>(aggregate to line 4, front of return)</small>	Period's Use Tax <small>(aggregate to line 10A/B of return)</small>
Aggregate Totals		\$ _____	\$ _____	\$ _____

New Business Date

_____|_____|_____
Mo Day Year

Discontinued Date

_____|_____|_____
Mo Day Year

Show change of ownership and/or business address:

MAILING ADDRESS (Check if different and show address for notices) _____

- 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(s) of operation _____
- 7 If the return includes sales for more than one location, refer to and complete Schedule C