



REVENUE OFFICE
 8101 Ralston Road
 Arvada, CO 80002
 (720) 898-7100 - Phone
 (720) 898-7100 - Fax
www.arvada.org

**CONSTRUCTION PROJECT COST REPORT
 USE TAX RECONCILIATION
 CLAIM FOR REFUND / USE TAX RETURN**

Please Type or Print Clearly

Taxpayer Information	1) Legal Name of Business or Individual (check issue to name)			7) City Account No. (if applicable)		
	2) Trade Name of Business (if applicable)			8) Building Permit No.		
	3) Mailing Address			9) Certificate of Occupancy Date (if applicable)		
	4) City	5) State	6) Zip	10) Project Street Address		

Project	11) Give a brief description of work performed
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Tax Computation	12) Enter the total cost (less tax) of construction materials used on the project. If Arvada sales tax was paid on any construction materials then copies of invoices are required. (Include costs of materials used by all sub contractors.)	
	13) Use Tax Due (Multiply line 12 by 3.46%)	
	14) Enter the amount of use tax paid upon issuance of the above listed building permit <i>If line 13 equals line 14, no additional use tax collection is due. Sign and submit the report without payment.</i>	
	15) If line 14 is greater than line 13 enter the difference. This is your overpayment amount. (Include a Job Cost Report as documentation for your refund claim)	
	16) If line 14 is less than line 13 enter the difference. This is the additional use tax due.	
	17) Penalty due (10% of line 16)	
	18) Interest Due (1% of line 16 per month)	
	19) TOTAL DUE (total of lines 16 through 18)	

Signature	Declaration		
	I acknowledge that in order to process my overpayment claim, Revenue Staff will need to review records detailing the entire project. I declare under penalty of perjury that this claim, including all attachments, is true and correct to the best of my knowledge.		
	Signature _____	Date _____	
	Print Name _____	Title _____	Phone _____

Official Use Only	For City of Arvada Use Only	
	Date Received _____	Refund Requested \$ _____
	Reviewed _____ Date _____	Amount Denied \$ _____
	Approval _____ Date _____	Amount Increased \$ _____
	Comments _____	Total Refund/Due \$ _____
	_____	Vendor # _____
	_____	Input Date _____
	_____	Paid _____
	_____	Assessment: _____