

SCHEDULE - A

**CITY OF ARVADA
SALES & USE TAX RETURN**

CITY OF ARVADA
Tax & Audit Division
8101 Ralston Road
Arvada, Colorado 80002
720-898-7100

PERIOD COVERED	DUE DATE	ACCOUNT NUMBER		
1. GROSS SALES AND SERVICE	<small>(TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INCL. ALL SALES, RENTALS, AND LEASES AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE)</small>			
2A. ADD: BAD DEBTS COLLECTED				
2B. TOTAL LINES 1 & 2A				TOTAL
3. D U C T I O N S	A	NON-TAXABLE SERVICE SALES	(INCLUDED IN ITEM 1)	A
	B	SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE		B
	D	SALES SHIPPED OUT OF CITY AND/OR STATE	(INCLUDED IN ITEM 1)	C
	E	BAD DEBTS CHARGED OFF	(ON WHICH CITY SALES TAX HAS BEEN PAID)	D
	F	TRADE INS FOR RESALE		E
	G	SALES OF GASOLINE AND CIGARETTES		F
	H	SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS		G
	I	RETURNED GOODS		H
	J	PRESCRIPTION DRUGS/PROSTHETIC DEVICES		I
			OTHER DEDUCTIONS (ATTACH EXPLANATION)	
3. TOTAL DEDUCTIONS	<small>(Total of Lines 3A thru 3J)</small>			TOTAL
4. TOTAL CITY NET TAXABLE SALES & SERVICE	<small>(Line 2B MINUS TOTAL LINE 3)</small>			



COMPUTATION OF TAX			
5. AMOUNT OF CITY SALES TAX	3.46 % OF LINE 4		(5. TOTAL
6. ADD: EXCESS TAX COLLECTED			(6.
7. ADJUSTED CITY TAX: (ADD LINES 5 & 6)			(7.
8.			(8.
9. TOTAL TAX	TOTAL		(9.
10. CITY USE TAX - SEE SCHEDULE B ON REVERSE SIDE	AMOUNT SUBJECT TO TAX	X 3.46% =	
11. TOTAL TAX DUE: (ADD LINES 9 AND 10)	TOTAL		(11.
12. LATE FILING - IF RETURN IS FILED AFTER DUE DATE THEN ADD-	A. PENALTY 10% X LINE 11		(12A.
	B. INTEREST 1% FOR EACH MONTH DELINQUENT X LINE 11		(12B.
13. TOTAL TAX, PENALTY, AND INTEREST DUE: (ADD LINES 11, 12A & 12B)			(13. TOTAL
14.			(14.
15. TOTAL DUE AND PAYABLE	(MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF ARVADA)		(15. TOTAL

SCHEDULE B - IS LOCATED ON THE BACK OF THIS FORM

THIS RETURN FOR:

SPECIAL MESSAGE TO AND FROM CITY/TAXPAYER

THIS RETURN MAILED TO:

Vertical line for special message and mailing information.

SCHEDULE B - CITY USE TAX			
Arvada Use Tax applies to the storage, use, distribution, or consumption of tangible personal property purchased, leased, or rented, unless specifically exempted, when a local tax (City Portion) equal to or greater than Arvada's tax has not been paid on that property.			
DATE OF PURCHASE	NAME OF VENDOR	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE
(A) LIST OF PURCHASES (IF ADDITIONAL SPACE IS NEEDED - ATTACH SCHEDULE IN SAME FORMAT)			
(B) TOTAL PURCHASE PRICE OF PROPERTY SUBJECT TO CITY USE TAX			\$
ENTER TOTAL LINE (B) ON LINE 10 ON FRONT OF RETURN			

This return is used for both sales and use tax. You may owe tax even if you have no retail sales. Please fill out this return completely.

<p style="font-size: x-small; margin: 0;">NEW BUSINESS DATE MO. DAY YR.</p> <table border="1" style="width:100%; height: 20px; margin: 5px 0; border-collapse: collapse;"> <tr><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table> <p style="font-size: x-small; margin: 0;">DISCONTINUED DATE MO. DAY YR.</p> <table border="1" style="width:100%; height: 20px; margin: 5px 0; border-collapse: collapse;"> <tr><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>									<p style="font-size: x-small; margin: 0;">SHOW BELOW CHANGE OF OWNERSHIP, NAME AND/OR ADDRESS, ETC.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p style="font-size: x-small; margin: 0; text-align: right;"><input type="checkbox"/> BUS ADDRESS <input type="checkbox"/> MAILING ADDRESS</p>

PREPARATION OF THIS RETURN

LINES 1-2B SALES ACTIVITY:

- 1) Total receipts from Arvada business activity must be reported and accounted for in every return. This must include all sales, including rentals, leases, and service sales both taxable and non-taxable.
- 2) Any merchandise on which the City tax has not been paid, and which has been personally consumed or used in the rendering of service, must be reported on Schedule B Line 10 of this return.
- 3) Collection of bad debts, previously deducted, must be accounted for in the month of collection.
- 4) Total of Lines 1 and 2A are entered as total adjusted gross sales and service on Line 2B.

LINE 3 (A THROUGH J) DEDUCTIONS: Sales of non-taxable merchandise and service included on Line 1 through 2B should be deducted on Lines 3(A) thru 3(J). Deductions on Line 3(J) (Other Deductions) should be explained on Schedule A or an attached sheet. For additional information consult your Arvada Sales and Use Tax Ordinance.

LINE 6: If the total tax collections exceed the amount entered on Line 5A, report the excess tax collected on Line 6.

LINE 10 USE TAX: Enter the total purchases from Schedule B subject to use tax, See Section 31-51 of Arvada City Code for further explanation.

LINE 12 LATE FILING PENALTIES: Reports together with tax remittance, are due on or before the 20th day of the month following the period under the report. Failure to file or pay the tax subjects the taxpayer to a penalty of 10% of the tax and interest of 1% per month from the date tax was due. Cost of collection activities may occur because of late filing or non-payment of tax returns.

RECORDS: Records of both purchases and sales, including invoices, must be retained for a period of at least three years. The burden of proof of exempt sales and purchases rests with the taxpayer. Records must be open for inspection by authorized City representatives.

SALES OR PURCHASE OF BUSINESS: Purchasers of businesses are liable for any unpaid taxes of predecessors. Vendors having outstanding accounts on which Sales tax has not been remitted must compute and pay the tax at the time of sale. Upon the sale of a business, Sales/Use tax must be paid on the sale or purchase of fixtures, equipment, machinery or other tangible personal property not a part of the stock in trade of the business.

OBLIGATION TO REPORT: All licensed taxpayers must complete, sign, and file their Sales and Use tax returns even in cases when no taxes are due.

I hereby certify, under penalty of perjury, that the statements made herein are to the best of my knowledge true and correct.			
_____ Signature	_____ Name (Please Print)	_____ Company	_____ Date
_____ Phone Number			