

PERIOD COVERED DUE DATE	TAXPAYER'S NAME AND ADDRESS ACCOUNT NUMBER
1. GROSS SALES AND SERVICE (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)	
2A. ADD: BAD DEBTS COLLECTED	
2B. TOTAL: (SUM OF LINES 1 AND 2A)	
3. TOTAL DEDUCTIONS (TOTAL OF LINES A THRU M)	
4. TOTAL CITY NET TAXABLE SALES & SERVICE (LINE 2B MINUS TOTAL LINE 3)	

CITY OF GREELEY
SALES/USE TAX RETURN
PO Box 1648 • Greeley, CO 80632
PHONE: (970) 350-9733 FAX: (970) 350-9736
EMAIL: greeleysalestax@greeleygov.com

COMPUTATION OF TAX	
5. AMOUNT OF CITY SALES TAX: (LINE 4) \$	X .0411=
6. AMOUNT OF FOOD TAX: (LINE 3M) \$	X .0346=
7. ADD: EXCESS TAX COLLECTED:	
8. ADJUSTED CITY TAX: (SUM OF LINES 5,6 AND 7)	
9.	XXXX XX
10.	XXXX IX
11. CITY USE TAX: (SCHEDULE B) \$ X .0411=	
12. TOTAL TAX DUE: (ADD LINES 8 AND 11)	
13. (LATE FILING IF RETURN IS FILED AFTER DUE DATE THEN) ADD:	A - PENALTY: (LINE 12 x .10) = 13A+13B
	B - INTEREST: (LINE 12 x .01 x # OF MONTHS LATE) =
14. TOTAL TAX, PENALTY AND INTEREST DUE: (ADD LINES 12 AND 13)	
15. ADJUSTMENT PRIOR PERIODS	A - ADD: 15A-15B
	B - DEDUCT:
16. TOTAL DUE AND PAYABLE: (MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF GREELEY) TOTAL OF LINES 14 AND 15	

SPECIAL MESSAGE TO AND FROM CITY/TAXPAYER
<input type="checkbox"/> CHECK HERE FOR BUSINESS CLOSURE / CHANGE OF OWNERSHIP <input type="checkbox"/> CHECK HERE IF CHANGE OF ADDRESS COMPLETE THE REVERSE SIDE IF ANY OF THE ABOVE APPLY

PLEASE COMPLETE THIS FORM ON REVERSE SIDE
*** ALWAYS SIGN REVERSE SIDE OF FORM ***

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SCHEDULE - B - CITY USE TAX

The Greeley Municipal Code imposes a tax upon the privilege of using, storing, distributing or consuming in the City tangible property or taxable services purchased, rented or leased.

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. If additional space is needed attach schedule in same format.

DATE OF PURCHASE	NAME OF VENDOR ADDRESS	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE	ACCOUNT NUMBER	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1 FRONT OF RETURN)	PERIODS NET TAXABLE SALES (AGGREGATE TO LINE 4 FRONT OF RETURN)
(A) LIST OF PURCHASES (IF ADDITIONAL SPACE NEEDED-ATTACH SCHEDULE IN SAME FORMAT)						\$	\$
			\$				
(B) TOTAL PURCHASE PRICE OF PROPERTY SUBJECT TO CITY USE TAX ENTER TOTAL LINE (B) ON LINE 11 ON FRONT OF RETURN			\$	ENTER TOTALS HERE AND ON FRONT OF RETURN		\$	\$

<p>NEW BUSINESS DATE MO. DAY YR.</p> <hr/> <p>DISCONTINUED DATE MO. DAY YR.</p> <hr/>	<ol style="list-style-type: none"> 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 of operation 7. If the return includes sales for more than one location, refer to and complete schedule "C" 	<p>SHOW BELOW CHANGE OF OWNERSHIP, NAME AND/OR ADDRESS.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> BUS ADDRESS <input type="checkbox"/> MAILING ADDRESS</p>	<p>I hereby certify under penalty of perjury, that the statements made herein are to the best of my knowledge, true and correct.</p> <p>BY _____</p> <p>COMPANY _____</p> <p>PHONE _____</p> <p>_____ TITLE _____ DATE _____</p>
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