PERIOD COVERED	DUE DATE	ACCOUNT NUMBER

CITY OF DURANGO
2010SALES/USE TAX RETURN

949 EAST SECOND AVENUE DURANGO, CO 81301-5109
(970) 375-5033 www.durangogov.org Fax (970) 375-5038

TAXPAYER'S NAME AND ADDRESS

1. GROSS SALES AND SERVICE	(TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INCLUDING ALL SALES, RENTALS AND LEASES, AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE.)	
2A. ADD: BAD DEBTS COLLECTED		
2B. TOTAL LINES 1 & 2A		
3.	A. NON-TAXABLE SERVICES SALES (INCLUDED IN ITEM 1 ABOVE)	
DEDUCTION	B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE	
	C. SALES SHIPPED OUT OF CITY AND /OR STATE (INCLUDED IN ITEM 1 ABOVE)	
	D. BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)	
	E. TRADE-INS FOR TAXABLE RESALE	
	F. SALES OF GASOLINE AND CIGARETTES	
	G. SALES TO GOVERNMENTAL RELIGIOUS AND CHARITABLE ORGANIZATIONS	
	H. RETURNED GOODS	
	I. OTHER DEDUCTIONS (LIST)	
	J.	
	K.	
3. TOTAL DEDUCTIONS (TOTAL OF LINES 3A THRU K)		
4. TOTAL CITY NET TAXABLE SALE S & SERVICE (LINE 2B MINUS LINE 3)		

COMPUTATION OF TAX

5. AMOUNT OF CITY SALES TAX: 3.0% OF LINE 4					
6. ADD: EXCESS TAX COLLECTED:					
7. ADJUSTED CITY TAX: (ADD LINES 5 AND 6)					
8. DEDUCT 3 1/3% OF LINE 7 (VENDOR'S FEE, IF PAID BY DUE DATE), MAXIMUM ALLOWED EQUALS $300.00					
9. TOTAL SALES TAX (LINE 7 MINUS LINE 8)					
10. CITY USE TAX FROM SCHEDULE B	AMOUNT SUBJECT TO TAX _____ X 3.0%				
11. CITY LODGERS TAX: _____ X 2%					
12. TOTAL TAX DUE: (ADD LINES 9, 10, AND 11)					
13. LATE FILING IF RETURN IS FILED AFTER DUE DATE THEN ADD:	PENALTY: 10%			Total ➔	
	INTEREST .50% PER MONTH:				
14. TOTAL TAX PENALTY AND INTEREST DUE (ADD LINES 12 AND 13)				➔	
15. ADJUSTMENT PRIOR PERIODS ATTACH COPY OF OVER OR UNDERPAYMENT NOTICE	A - ADD UNDERPAYMENT:				
	B - DEDUCT OVERPAYMENT/BOND: ➔				
16. TOTAL DUE AND PAYABLE:	MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF DURANGO ➔				

SCHEDULE A - SPECIAL MESSAGE TO CITY

SCHEDULE B - CITY USE TAX

The Durango 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. This applies to vendors and consumers on items in which city sales taxes were not paid.

DATE OF PURCHASE	NAME OF VENDOR ADDRESS	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 HERE AND ON LINE 10 OF RETURN			$

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.

ACCOUNT NUMBER	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (TOTAL TO LINE 1 OF RETURN)	PERIODS NET TAXABLE SALES (TOTAL TO LINE 4 OF RETURN)
		$	$
	ENTER TOTALS HERE AND ON RETURN	$	$

NEW BUSINESS DATE

MO.	DAY	YR.

DISCONTINUED DATE

MO.	DAY	YR.

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 months of operation
7. If the return includes sales for more than one location, refer to and complete Schedule C

SHOW BELOW CHANGE OF OWNERSHIP, NAME AND/OR ADDRESS, ETC.

_____

_____

_____

_____

☐ BUSINESS ADDRESS ☐ MAILING ADDRESS

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

By_____

Printed Name_____

Company_____

Phone_____

Title_____

Date_____