

# TOWN OF RIDGWAY

## SALES TAX RETURN

P.O. Box 10 • Ridgway, CO 81432 • (970) 626-5308

TAXPAYER'S NAME AND ADDRESS		ACCOUNT NUMBER
PERIOD COVERED		
DUE DATE		
<b>1. GROSS SALES AND SERVICE</b> <small>(TOTAL RECEIPTS FROM TOWN ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INCLUDE ALL SALES, RENTALS, AND LEASES AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE.)</small>		
<b>2A. ADD: BAD DEBTS COLLECTED</b>		
<b>2B. TOTAL LINES 1 &amp; 2A</b>		
<b>3.</b>	<b>A. NON-TAXABLE SERVICE SALES</b> <small>(INCLUDED IN ITEM 1 ABOVE)</small>	
<b>D</b>	<b>B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE</b>	
	<b>C. SALES SHIPPED OUT OF TOWN AND/OR STATE</b> <small>(INCLUDED IN ITEM 1 ABOVE)</small>	
<b>E</b>	<b>D. BAD DEBTS CHARGED OFF</b> <small>(ON WHICH TOWN SALES TAX HAS BEEN PAID)</small>	
<b>D</b>	<b>E. TRADE-INS FOR TAXABLE RESALE</b>	
<b>U</b>	<b>F. SALES OF GASOLINE AND CIGARETTES</b>	
<b>C</b>	<b>G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS</b>	
<b>T</b>	<b>H. RETURNED GOODS</b>	
<b>I</b>	<b>I. PRESCRIPTION DRUGS</b>	
<b>O</b>	<b>J. OTHER DEDUCTIONS (LIST)</b>	
<b>N</b>	<b>K.</b>	
	<b>L.</b>	
<b>3. TOTAL DEDUCTIONS</b> <small>(TOTAL OF LINES 3 A THRU L)</small>		
<b>4. TOTAL NET TAXABLE SALES &amp; SERVICE</b> <small>(LINE 2B MINUS TOTAL LINE 3)</small>		
<b>COMPUTATION OF TAX</b>		
<b>5. AMOUNT OF SALES TAX 3.6% OF LINE 4</b>		
<b>6. ADD: EXCESS TAX COLLECTED</b>		
<b>7. ADJUSTED TAX (ADD LINES 5 &amp; 6)</b>		
<b>8. DEDUCT .0233 OF LINE 7 (IF PAID BY DUE DATE)</b>		
<b>9. TOTAL SALES TAX (LINE 7 MINUS LINE 8)</b>		
<b>10.</b>		
<b>11. TOTAL TAX DUE: (LINE 9)</b>		
<b>12.</b>	<b>LATE FILING IF RETURN IS FILED AFTER DUE DATE THEN ADD:</b>	ENTER TOTAL
	<b>PENALTY 10%</b>	
	<b>INTEREST PER 1.5% MONTH</b>	
<b>13. TOTAL TAX PENALTY AND INTEREST DUE (ADD LINES 11 AND 12)</b>		
<b>14.</b>	<b>ADJUSTMENT PRIOR PERIODS ATTACH COPY OF OVER OR UNDERPAYMENT NOTICE</b>	A - ADD:
		B - DEDUCT:
<b>15. TOTAL DUE AND PAYABLE:</b> <small>(MAKE CHECK OR MONEY ORDER PAYABLE TO TOWN OF RIDGWAY)</small>		

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 (AGGREGATE TO LINE 1 OF RETURN)	PERIODS NET TAXABLE SALES (AGGREGATE TO LINE 4 OF RETURN)
		\$	\$
ENTER TOTALS HERE		\$	\$
<b>NEW BUSINESS DATE</b> MO. DAY YR.			
<b>DISCONTINUED DATE</b> 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 month(s) of operation.			
CHANGE OF OWNERSHIP NAME AND/OR ADDRESS, ETC.			
<input type="checkbox"/> BUS. ADDRESS <input type="checkbox"/> MAILING ADDRESS			
SPECIAL MESSAGE FROM TAXPAYER TO TOWN			

- CHECK HERE FOR BUSINESS CLOSURE/ CHANGE OF OWNERSHIP
- CHECK HERE IF CHANGE OF ADDRESS

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

COMPANY \_\_\_\_\_

PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_