PERIOD ACCOUNT COVERED NUMBER DUE DATE	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			
	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)			
GROSS SALES (TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE USED AND SERVICE (AL SALES REVITALS, AND LEASES AND ALL SERVICES ADDITIONAL AND TOTAL SERVICES ADDITIONAL SERVI	9. XXXX XX 10. XXXX IXX			
2B. TOTAL: (SUM OF LINES 1 AND 2A) 3. A. NON-TAXABLE (INCLUDED IN ITEM 1 ABOVE) B. SALES TO OTHER LICENSED DEALERS B. FOR PURPOSES OF TAXABLE RESALE C. SALES SHIPPED OUT OF (INCLUDED IN) D. BAD DESTS (DN WHICH CITY SALES) D. BAD DESTS (DN WHICH CITY SALES) CHARGED OFF TAXABLE RESALE F. SALES OF GASOLINE AND CIGARETTES D. G. SALES TO GOVERNMENTAL RELIGIOUS AND CHARITABLE ORGANIZATIONS T. H. RETURNED GOODS I. PRESCRIPTION DRUGS / PROSTHETIC DEVICES N. J. OTHER DEDUCTIONS LIST K.	11. CITY USE TAX: (SCHEDULE B) \$X .0411= 12. TOTAL TAX DUE: (ADD LINES 8 AND 11) 13.			
L. M. TAXABLE FOOD SALES 3. TOTAL DEDUCTIONS (TOTAL OF LINES) A THRU M 4. TOTAL CITY NET TAXABLE SALES & SERVICE (LINE 2B MINUS) TOTAL LINE 3)	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 ***			

TAXPAYER'S NAME AND ADDRESS PERIOD COVERED ACCOUNT NUMBER DUE DATE GROSS SALES TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INCL. ALL SALES, RENTRAL, AND LEASES AND ALL SERVICES BOTH TRANSLE AND NON-TAYORILE. ADD: BAD DEBTS COLLECTED TOTAL: (SUM OF LINES 1 AND 2A) 2B. A. NON-TAXABLE (INCLUDED IN 1TEM 1 ABOVE) SERVICE SALES B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE C. SALES SHIPPED OUT OF (INCLUDED IN ITEM 1 ABOVE) D. BAD DEBTS (ON WHICH CITY SALES) E. TRADE-INS FOR TAXABLE RESALE F. SALES OF GASOLINE AND CIGARETTES G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS PRESCRIPTION DRUGS / PROSTHETIC DEVICES J. OTHER DEDUCTIONS LIST K. M. TAXABLE FOOD SALES 3. TOTAL DEDUCTIONS 4. TOTAL CITY NET TAXABLE SALES & SERVICE (LINE 2B MINUS)

TAYDAYED'S NAME AND ADDDESS

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

SPECIAL MESSAGE TO AND FROM CITY/TAXPAYER

CHECK HERE FOR BUSINESS CLOSURE / CHANGE OF OWNERSHIP
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 ***

		JLE - B - CITY USE TAX			This schedu	SCHEDULE - C - CON	ISOLIDATED ACCOUNTS	REPORT	includes	
The Greeley Municipal Code imposes a tax upon the privilege of using, storing, distributing consuming in the City tangible property or taxable services purchased, rented or leased.				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	I	ACCOUNT NUMBER	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1 FRONT OF RETURN	SALES (AGGREG	SATE TO	
(A) LIST OF	PURCHASES (IF ADDITIONAL SPA	CE NEEDED-ATTACH SCHEDULE IN	1.				\$	\$		
			\$					_		
			-					+		
			1					+		
(B) TOT.	AL PURCHASE PRICE OF PROPER ENTER TOTAL LINE (B) ON LINE 11	ON FRONT OF RETURN	 \$		ENTED TOTAL	C LIEDE AND ON EDON'T OF DETLIDA	\$	\$		
			ĮΦ		ENTER TOTAL	S HERE AND ON FRONT OF RETURN	Ψ			
NEW BUSINESS 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 month of operation 7. If the return includes sales for more than one location, refer to and complete schedule "C"				ADDRI	■ BUS ADDRESS	S ☐ 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 COMPANY PHONE TITLE DATE			
	SCHEDI	JLE - B - CITY USE TAX			SCHEDULE - C - CONSOLIDATED ACCOUNTS REPORT					
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.				or	This schedule is required in all cases in which the taxpaver makes a consolidated return which includes					
DATE OF PURCHASE	NAME OF VENDOR ADDRESS	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE	PURCHASE PRICE		BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1 FRONT OF RETURN	I) LINE 4 FRONT OF	SATE TO	
(A) LIST OF I	PURCHASES (IF ADDITIONAL SPA	CE NEEDED-ATTACH SCHEDULE IN	1.				\$	\$		
			\$		-			+		
								+		
(B) TOT	AL DUDCHASE DRICE OF BROSES	TV SUBJECT TO SITV USE TAV								
(B) 101.	AL PURCHASE PRICE OF PROPER ENTER TOTAL LINE (B) ON LINE 11	ON FRONT OF RETURN	 \$		ENTER TOTAL	S HERE AND ON FRONT OF RETURN	\$	\$		
			1*				17	1*	:	
NEW BUSINESS DATE MO. DAY YR. DISCONTINUED DATE MO. DAY YR. The return includes sales for more than one location, refer to and complete schedule "C"				SHOW ADDRE		E OF OWNERSHIP, NAME AND/OR	I hereby certify under penalty of made herein are to the best of BY	f perjury, that the statements my knowledge, true and corre	ct.	
					☐ BUS ADDRESS	S	TITLE DATE			