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SCHEDULE - A

PERIOD COVERED DUE DATE	LONE TREE TAX NUMBER																														
<b>TAXPAYER'S NAME, ADDRESS, &amp; EMAIL ADDRESS</b>																															
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 OF LINES 1 & 2A																															
3. DEDUCTIONS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE)</td> <td style="width: 30%;"></td> <td rowspan="10" style="width: 40%; text-align: center; vertical-align: middle;">   <b>CITY OF LONE TREE</b> </td> </tr> <tr> <td>B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE</td> <td></td> </tr> <tr> <td>C. SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN ITEM 1 ABOVE)</td> <td></td> </tr> <tr> <td>D. BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)</td> <td></td> </tr> <tr> <td>E. TRADE-INS FOR TAXABLE RESALE</td> <td></td> </tr> <tr> <td>F. SALES OF GASOLINE AND CIGARETTES</td> <td></td> </tr> <tr> <td>G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS</td> <td></td> </tr> <tr> <td>H. RETURNED GOODS</td> <td></td> </tr> <tr> <td>I. PRESCRIPTION DRUGS / PROSTHETIC DEVICES</td> <td></td> </tr> <tr> <td>J. OTHER DEDUCTIONS (LIST)</td> <td></td> </tr> <tr> <td>K.</td> <td></td> <td></td> </tr> <tr> <td>L.</td> <td></td> <td></td> </tr> <tr> <td>M.</td> <td></td> <td></td> </tr> </table>	A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE)		 <b>CITY OF LONE TREE</b>	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. PRESCRIPTION DRUGS / PROSTHETIC DEVICES		J. OTHER DEDUCTIONS (LIST)		K.			L.			M.		
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3. TOTAL DEDUCTIONS <span style="float: right;">TOTAL OF LINES 3A THRU 3M</span>																															
4. TOTAL NET TAXABLE SALES & SERVICE <span style="float: right;">LINE 2B MINUS TOTAL LINE 3</span>																															



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5A. SALES TAX 2.5% OF LINE 4		
5B. LODGING TAX – GROSS _____ X 6%		
5C. ADMISSIONS – GROSS _____ X 4%		
6. ADD: EXCESS TAX COLLECTED		
7. TOTAL CITY SALES TAX (ADD LINES 5 & 6)		

8. PURCHASES SUBJECT TO USE TAX		
9. USE TAX 2.5% OF LINE 8		

10. TOTAL TAX DUE: (ADD 7 AND 9)				
11. LATE FILING IF RETURN IS FILED AFTER DUE DATE THEN, ADD:	PENALTY 10%		ENTER TOTAL ➔	
	INTEREST PER MONTH 1%			
12. TOTAL TAX, PENALTY & INTEREST DUE (ADD LINES 10 & 11)				

13. PRIOR PERIOD ADJUSTMENT - ATTACH COPY OF NOTICE		
14. TOTAL DUE (ADD LINES 12 & 13)	MAKE CHECK PAYABLE TO CITY OF LONE TREE	

Please Sign	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 _____

SCHEDULE B - CITY USE TAX

THE USE TAX ORDINANCE IMPOSES A TAX UPON THE PRIVILEGE OF USING, STORING, DISTRIBUTING, OR OTHERWISE CONSUMING TANGIBLE PERSONAL PROPERTY PURCHASED, RENTED, OR LEASED.

DATE OF PURCHASE	NAME OF VENDOR & ADDRESS	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE
(A) LIST OF PURCHASES (IF ADDITIONAL SPACE NEEDED - ATTACH SCHEDULE IN SAME FORMAT)			
(B) TOTAL PRICE OF PROPERTY SUBJECT TO USE TAX – ENTER ON LINE 8 ABOVE			

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.

BUSINESS LOCATION ADDRESSES OF CONSOLIDATED ACCOUNTS	TOTAL GROSS SALES (SUM TO LINE 1 ABOVE)	NET TAXABLE SALES (SUM TO LINE 4 ABOVE)
ENTER CONSOLIDATED SALES TOTALS HERE		

NEW BUSINESS DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div> DISCONTINUED DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	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 this return includes sales for more than one location, refer to and complete Schedule C
SHOW BELOW CHANGE OF OWNERSHIP NAME AND/OR ADDRESS, ETC. <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	
<input type="checkbox"/> BUSINESS ADDRESS <input type="checkbox"/> MAILING ADDRESS	