

## SCHEDULE - A

SCHEDUL	E - A		LONE TREE	
PERIOD COVERED DUE DATE	LONE TREE TAX NUMBER		PO Box 17987 • Denver, CO 80217-0987	
TAXPAYER'S NAME, ADDRESS, & EI	MAIL ADDRESS		303-708-1818 • www.cityoflonetree.com	
			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)	
			The state of the s	
TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY		<del>-  </del>	8. PURCHASES SUBJECT TO USE TAX	
	S, RENTALS AND LEASES		9. USE TAX 2.5% OF LINE 8	
2A. ADD: BAD DEBTS COLLECTED		<u>:</u>	10. TOTAL TAX DUE: (ADD 7 AND 9)	
2B. TOTAL OF LINES 1 & 2A			LATE FILMO	
3. A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE	<b>(</b>		LATE FILING  11. IF RETURN IS FILED AFTER PENALTY 10% TOTAL	
SALES TO OTHER LICENSED DEALERS			DUE DATE THEN, ADD: INTEREST PER 10/	
SALES SHIPPED OUT OF (INCLUDED IN			MONTH 176	
BAD DEBTS / ON WHICH CITY SALES			10 TOTAL TAX PENALTY & BITEREST DUE (ADD LINES (4.0.4.4.)	
CHARGED OFF ( TAX HAS BEEN FAID	<del>/                                    </del>	<b>-</b> 0	12. TOTAL TAX, PENALTY & INTEREST DUE (ADD LINES 10 & 11)	
E _		)		
D F. SALES OF GASOLINE AND CIGARETTES U SALES TO GOVERNMENTAL RELIGIOUS	<u> </u>	4	13. PRIOR PERIOD ADJUSTMENT - ATTACH COPY OF NOTICE	
G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS	Z		14. TOTAL DUE (ADD LINES 12 & 13)  MAKE CHECK PAYABLE TO CITY OF LONE TREE	
T H. RETURNED GOODS		1 1 1		
O I. PRESCRIPTION DRUGS / PROSTHETIC DEVICES			P I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE	
N S J. OTHER DEDUCTIONS (LIST)		1	e HEREIN ARE TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT.	
К.	<u> </u>	)	a s e pv	
L.	П	1 I		
M.		i I	S COMPANY	
2. TOTAL DEDUCTIONS TOTAL OF LINES 3A			g PHONE	
THE SWITTER				
4. TOTAL NET TAXABLE SALES & SERVICE	TOTAL LINE 3		TITLE DATE	
SCHEDULE B - CITY USE TAX  SCHEDULE C - CONSOLIDATED A REPORT			SCHEDULE C - CONSOLIDATED ACCOUNTS	
THE USE TAX ORDINANCE IMPOSES A TAX UPON THE OTHERWISE CONSUMING TANGIBLE PERSONAL I			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 COMPTELLY 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 NAME OF VENDOR & PURCHASE ADDRESS	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE	BUSINESS LOCATION ADDRESSES (SUM TO SALES SALES SALES (SUM TO SALES SALES SALES SALES SALES (SUM TO SALES SALES SALES SALES SALES SALES SALES (SUM TO SALES (SUM TO SALES SA	
(A) LIST OF PURCHASES (IF ADDITIONAL SPACE		, NOL	LINE 1 ABOVE) LINE 4 ABOVE)	
IN SAME FORMAT)	I I I I I I I I I I I I I I I I I I I			
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(B) TOTAL PRICE OF PROPERTY SUBJECT TO US ON LINE 8 ABOVE	SE TAX – ENTER		ENTER CONSOLIDATED SALES TOTALS HERE	
1. If ownership has changed, give date of change and			SHOW BELOW CHANGE OF OWNERSHIP NAME AND/OR ADDRESS, ETC.	
NEW BUSINESS DATE new owner's name				
2. If business has been permanently discontinued, give date discontinued				
	siness location has changed, give n ords are kept at what address?	ew address		
DISCONTINUED DATE				
	5. If business is temporarily closed, give dates to be closed			
6. If business is seasonal, give months of operation				
	s return includes sales for more than to and complete Schedule C	n one location,	BUSINESS ADDRESS MAILING ADDRESS	