

PERIOD COVERED		ACCOUNT NUMBER	
DUE DATE			
TAXPAYER NAME AND ADDRESS			

TOWN OF BRECKENRIDGE
 SALES TAX RETURN
 FINANCE DEPARTMENT - TOWN OF BRECKENRIDGE - PO BOX 17236 - DENVER, CO 80217
 (970) 453-3182

1. GROSS SALES AND SERVICE *	
2A. ADD: BAD DEBTS COLLECTED	
2B. TOTAL LINES 1 & 2A	
3. A. NON-TAXABLE SERVICE SALES	
B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE	
C. SALES SHIPPED OUT OF TOWN AND/OR STATE	
D. BAD DEBTS CHARGED OFF	
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	
TOTAL DEDUCTIONS (A THRU L)	
4. TOTAL TOWN NET TAXABLE SALES & SERVICES (2B MINUS 3)	

DEDUCTIONS

COMPUTATION OF TAX

5. AMOUNT OF TOWN SALES TAX 2.5% OF LINE 4		
6. AMOUNT OF LINE 4 SUBJECT TO ACCOMODATIONS TAX		X 3.4% =
8. ADD: EXCESS TAX COLLECTED		
9. TOTAL TAX DUE: (ADD LINES 5, 6, AND 7)		
10. PENALTY 10% (MINIMUM \$15.00 PENALTY) INTEREST (1% PER MONTH)		
MANDATORY PAPER FILING FEE - EFFECTIVE JANUARY 1, 2017	5.00	TOTAL
12. TOTAL TAX AND FEES DUE (ADD LINES 9 AND 10)		5.00
13. A - ADD		
B - DEDUCT		
14. TOTAL DUE AND PAYABLE		

MAKE CHECK OR MONEY ORDER PAYABLE TO TOWN OF BRECKENRIDGE

SPECIAL MESSAGE TO AND FROM TOWN / TAXPAYER	
CHECK HERE FOR PERMANENT BUSINESS CLOSURE / CHANGE OF OWNERSHIP	<input type="checkbox"/>
CHECK HERE IS CHANGE OF ADDRESS / PHONE NUMBER / FAX NUMBER	<input type="checkbox"/>
* TOTAL RECEIPTS FROM TOWN ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INC. ALL SALES, RENTALS, LEASES AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE	

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.

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

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

BUSINESS ADDRESS ?	<input type="text"/>
MAILING ADDRESS ?	<input type="text"/>

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE HEREIN ARE TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.	
BY	<input type="text"/>
TITLE	<input type="text"/>
COMPANY	<input type="text"/>
PHONE	<input type="text"/>