

**TAXPAYER'S NAME AND ADDRESS**

PERIOD COVERED  
DUE DATE

ACCOUNT NUMBER

**CITY OF DELTA  
SALES & USE TAX RETURN**

P.O. Box 19 • Delta, CO 81416-0019  
(970) 874-7566

**COMPUTATION OF TAX**

1. GROSS SALES & SERVICE		<small>(TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN, INCLUDING ALL SALES, RENTALS AND FEES, AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE.)</small>	
2A. BAD DEBTS COLLECTED			
2B. TOTAL CITY GROSS TAXABLE SALES & SERVICE (ADD LINES 1 & 2A)			
DEDUCTIONS	A. NON-TAXABLE SERVICE SALES	<small>(INCLUDED ON LINE 1 ABOVE)</small>	
	B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE		
	C. SALES SHIPPED OUT OF CITY AND/OR STATE	<small>(INCLUDED ON LINE 1 ABOVE)</small>	
	D. BAD DEBTS CHARGED OFF	<small>(ON WHICH CITY SALES TAX HAS BEEN PAID)</small>	
	E. TRADE-INS FOR TAXABLE RESALE		
	F. SALES OF GASOLINE & CIGARETTES		
	G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS		
	H. RETURNED GOODS		
	I. PRESCRIPTION DRUGS/PROSTHETICS		
	J. OTHER DEDUCTIONS (LIST)		
	K.		
L.			
3. TOTAL DEDUCTIONS (ADD LINES 3A THRU 3L)			
4. TOTAL CITY NET TAXABLE SALES & SERVICE (LINE 2B MINUS LINE 3)			

5. TOTAL CITY SALES TAX (3% OF LINE 4)			
6. EXCESS TAX COLLECTED			
7. ADJUSTED CITY SALES TAX (ADD LINES 5 & 6)			
8. VENDORS FEE (0% OF LINE 7)			
9. TOTAL CITY SALES TAX (LINE 7 MINUS LINE 8)			
10. CITY USE TAX (FROM SCHEDULE B) AMOUNT SUBJECT TO TAX		<b>X 3% =</b>	
11. TOTAL CITY SALES & USE TAX (ADD LINES 9 & 10)			
12. <b>(LATE FILING IF RETURN IS FILED AFTER DUE DATE THEN)</b> ADD:	PENALTY	<b>10%</b>	TOTAL PENALTY & INTEREST
	INTEREST PER MONTH	<b>.9167%</b>	
13. TOTAL CITY SALES & USE TAX, INCLUDING PENALTY & INTEREST (ADD LINES 11 & 12)			
14. <b>ADJUST PRIOR PERIOD(S) (ATTACH COPY OF NOTICE RECEIVED FROM CITY)</b>	A – ADD:		
	B – DEDUCT:		
15. TOTAL DUE AND PAYABLE (MAKE CHECK PAYABLE TO THE CITY OF DELTA)			

**DO NOT ROUND FIGURES**

SCHEDULE - A - SPECIAL MESSAGE FROM TAXPAYER

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PLEASE COMPLETE THIS FORM ON REVERSE SIDE

**BE SURE TO REVERSE CARBON BEFORE FILLING OUT THESE SCHEDULES**

SCHEDULE - B - CITY USE TAX				SCHEDULE - C - CONSOLIDATED ACCOUNTS REPORT			
The Delta Municipal Code imposes a tax upon the privilege of using, storing, distributing or otherwise consuming tangible personal 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	ACCOUNT NUMBER	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1 FRONT OF RETURN)	PERIODS NET TAXABLE SALES (AGGREGATE TO LINE 4 FRONT OF RETURN)
LIST OF PURCHASES (IF ADDITIONAL SPACE IS NEEDED, ATTACH SCHEDULE IN SAME FORMAT)						\$	\$
			\$				
TOTAL PURCHASE PRICE OF PROPERTY SUBJECT TO CITY USE TAX (ENTER ON LINE 10 ON FRONT OF RETURN)			\$	TOTALS (ENTER ON FRONT OF RETURN)		\$	\$

<p>NEW BUSINESS DATE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">MO.</td> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">YR.</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table> <p>DISCONTINUED DATE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">MO.</td> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">YR.</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table> <ol style="list-style-type: none"> <li>1. If business ownership has changed, give date of change and new owners name, address and phone.</li> <li>2. If business has been permanently discontinued, give date discontinued.</li> <li>3. If business location has changed, give new business address and mailing address.</li> </ol>	MO.	DAY	YR.				MO.	DAY	YR.				<p>SHOW BELOW CHANGE OF OWNERSHIP AND/OR ADDRESS, ETC.</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>PHONE _____</p> <p align="center"> <input type="checkbox"/> BUSINESS ADDRESS                <input type="checkbox"/> MAILING ADDRESS         </p>	<p>I hereby certify under penalty of perjury, that the statements made herein are to the best of my knowledge, true and correct.</p> <p>SIGNED BY _____</p> <p>PRINT NAME _____</p> <p>TITLE _____</p> <p>PHONE _____ DATE _____</p>
MO.	DAY	YR.												
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