

PERIOD COVERED	CITY ACCOUNT #	
DUE DATE	STATE ACCOUNT #	
COMPANY NAME & ADDRESS:		



CITY OF BLACK HAWK
SALES/LODGING/USE/DEVICE
TAX RETURN
 POST OFFICE BOX 68
 BLACK HAWK, CO 80422
 303-582-2283

1. GROSS SALES AND SERVICE: TOTAL RECEIPTS FROM CITY ACTIVITIES MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INCL. ALL SALES, RENTALS AND LEASES AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE.			5. CITY SALES TAX - 5.5% OF LINE 4	-
2A ADD: BAD DEBTS COLLECTED			6. LODGING TAX - FROM SCH D LINE 5:	- X 2.00 %
2B ADD: TOTAL LINES 1 & 2A		-	7. USE TAX - FROM SCH B	- X 4.00 %
3			8. ADD: EXCESS TAX COLLECTED:	
A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE)			9. TOTAL TAX DUE: (ADD LINES 5, 6, 7 & 8)	-
B. SALES TO-OTHER LICENSED DEALERS * FOR PURPOSES OF TAXABLE RESALE			10. GENERAL DEVICE FEES	- X \$78.75
C. SALES SHIPPED OUT OF CITY AND OR STATE (INCLUDED IN ITEM 1 ABOVE)			11. TRANSPORTATION DEVICE FEES	- X \$3.67
D. BAD DEBTS (ON WHICH CITY SALES TAX HAS BEEN PAID)			13. AMBULANCE DEVICE FEES	- X \$2.50
D E D U C T I O N S			14. TOTAL DEVICE FEES DUE (ADD LINES 10, 11, 12 & 13)	-
E. TRADE-INS FOR TAXABLE RESALE			15. TOTAL TAX DUE (ADD LINES 9 & 14)	-
F. SALES OF CIGARETTES			16a. PENALTY 10% OF LINE 15 (Min \$15)	
G. SALES TO GOV'T, RELIGIOUS & CHARITABLE ORGANIZATIONS			16b. INTEREST 1.5% OF LINE 15 (Per Month)	
H. RETURNED GOODS			17. TOTAL TAX PENALTY & INTEREST DUE: (ADD LINES 15, 16a AND 16b)	-
I. PRESCRIPTION DRUGS/PROSTHETIC DEVICES			18. ADJUSTMENTS - ATTACH SUPPORT - ADD (DEDUCT)	
J. SALES OF RESIDENTIAL GAS & ELECTRICITY			19. TOTAL DUE AND PAYABLE TO THE CITY OF BLACK HAWK	-
K. OTHER DEDUCTIONS (LIST)			SPECIAL MESSAGE TO AND FROM CITY/TAXPAYER	
L.				
M.				
3. TOTAL DEDUCTIONS (TOTAL OF LINES 3A THRU 3M)		-		
4. TOTAL CITY NET TAXABLE SALES & SERVICE (LINE 2B MINUS LINE 3)		-		

SCHEDULE B - CITY USE TAX
 The Municipal Code imposes a use tax upon the privilege of storing, using or consuming within the City any construction & building materials, and on motor vehicles purchased at retail.

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 PURCHASE PRICE OF PROPERTY SUBJECT TO USE TAX - ENTER ON LINE 7 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 REQUESTED.

ACCOUNT NUMBER	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1)	PERIODS NET TAXABLE SALES (AGGREGATE TO LINE 4)
(A) LIST OF PURCHASES (IF ADDITIONAL SPACE NEEDED - ATTACH SCHEDULE IN SAME FORMAT)		\$	\$
(B) TOTAL PURCHASE PRICE OF PROPERTY SUBJECT TO USE TAX - ENTER ON LINE 7 ABOVE.		\$	\$

SCHEDULE D - LODGING TAX

D1. TOTAL LODGING SALES	
D2. LODGING SALES TO GOV'T., RELIGIOUS & CHARITABLE ORGS.	
D3. LODGING PROVIDED ON COMPLIMENTARY BASIS	
D4. LODGING SALES OF 30 CONSECUTIVE DAYS OR MORE:	
D5. NET LODGING (D1 MINUS D2, D3 & D4) ENTER HERE & LINE 6 ABOVE	-

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

I hereby certify under penalty of perjury,

Signature _____

Name _____

Telephone _____

Date _____