Enter period ending date (mm/dd/yy): _____

Due Date: 20th of the following month

Filing Frequency ☐ **Monthly** ☐ **Quarterly** ('X' if applicable)

☐ **Annual**

TAXPAYER'S NAME AND ADDRESS

PERIOD COVERED DUE DATE

ACCOUNT NUMBER _____

Name & Address

Town of Gypsum

SALES TAX RETURN

PO Box 130
Gypsum, Co 81637
970-524-1753

1.	GROSS SALES AND SERVICE (TOTAL RECEIPTS FROM TOWN ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INC. ALL SALES, RENTALS, AND LEASES AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE.)		
2A.	ADD - BAD DEBTS COLLECTED		
2B.	TOTAL LINES 1 & 2A		
3.	A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE)		
DEDUCTIONS	B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE		
	C. SALES SHIPPED OUT OF TOWN AND/OR STATE (INCLUDED IN ITEM 1 ABOVE)		
	D. BAD DEBTS CHARGED OFF (ON WHICH TOWN 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.		
	3. TOTAL DEDUCTIONS (TOTAL OF LINES 3 A THRU L)		
4A.	NET TAXABLE SALES & SERVICE (LINE 2B MINUS TOTAL LINE 3)		

COMPUTATION OF TAX

5A	AMOUNT OF TOWN SALES TAX: 3% of LINE 4.		
6.	ADD EXCESS TAX COLLECTED		
7.	ADJUSTED TOWN TAX: (ADD LINES 5A, B, C AND LINE 6)		
8.	Less Service Fee Rate .0333 (If paid before due date)		
9.	Less Service Fee		
10.			
11.	(LATE FILING IF RETURN IS FILED AFTER DUE DATE THEN) ADD A. PENALTY 10%		
	B. INTEREST PER MONTH 1.34% ▶		
12.	TOTAL TAX PENALTY DUE (ADD LINES 11A AND 11B) ▶		
13.	ADJUSTMENT PRIOR PERIODS ATTACH COPY OF OVER OR UNDERPAYMENT NOTICE - A. - ADD		
	B - DEDUCT ▶		
14.	TOTAL TAX DUE AND PAYABLE (MAKE CHECK OR MONEY ORDER PAYABLE TO TOWN OF GYPSUM) ▶		

SCHEDULE - A - SPECIAL MESSAGE FROM TAXPAYER TO TOWN

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. I

ACCOUNT NUMBER	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1 ABOVE)	PERIODS NET TAXABLE SALES (AGGREGATE TO LINE 4A ABOVE)
	ENTER TOTALS HERE AND ABOVE		

NEW BUSINESS DATE MM DD YY _____

DISCONTINUED DATE MM DD YY _____

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 date to be closed.

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

☐ BUS. ADDRESS ☐ MAILING ADDRESS

I hereby certify under penalty of perjury that the statements made herein are to the best of my knowledge, true and correct.

BY _____ SIGNATURE _____ DATE

_____ TITLE _____ PHONE

_____ COMPANY _____ EMAIL ADDRESS

REV. 4/2014