

Filing frequency (CHECK if applicable) ___ Monthly ___ Quarterly ___ Annual



Town of Gypsum
SALES TAX RETURN
 PO Box 130
 Gypsum, Co 81637
 970-524-1753

TAXPAYER'S NAME AND ADDRESS		ACCOUNT NUMBER
PERIOD COVERED DUE DATE		
Company Name		
Mailing Address		
City State Zip		
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		
D E D U C T I O N S	3. A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE)	
	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 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

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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. 1

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 _____	SHOW BELOW CHANGE OF OWNERSHIP NAME, AND/OR ADDRESS, ETC. _____ _____ _____ _____
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? _____ _____		<input type="checkbox"/> BUS. ADDRESS <input type="checkbox"/> MAILING ADDRESS
5. If business is temporarily closed, give date to be closed. _____		

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 _____