



Commerce City
 7887 East 60th Avenue
 Commerce City, Colorado 80022
 Phone (303) 289-3628 / Fax (303) 289-3661
 www.c3gov.com

Period Covered: _____
 Period Due: _____
 Account Number: _____

Business Name:		City:	
Attention:		State:	
Address:		Zip Code:	
1. Gross Sales and Service		5. Amount of City Sales Tax 3.50% of line 4	
2A. Add: Bad Debts Collected		6. Add: Excess Tax Collected:	
2B. Total Lines 1 and 2A		7. Adjusted City Tax: (Add lines 5 & 6)	
3A. Non-Taxable Service Sales		8. Deduct 2% of line 7 MAXIMUM \$100 (Vendors fee, if paid by due date)	
3B. Sales to Other Lic. Dealers		9. Total Sales Tax (Line 7 minus Line 8)	
3C. Sales Shipped Out of Area		10. City Use Tax (From schedule B place on line 10A)	
3D. Bad Debts Charged Off		10A. Amount subject to tax _____ x 3.50% =	
3E. Trade-Ins for Taxable Resale		11. Total Tax Due: (Add Line 9 and 10)	
3F. Sales of Gasoline and Cig.		12A. Penalty 10%	
3G. Sales to Govt., Rel., & Charitable Org.		12B. Interest .500% per month	
3H. Returned Goods		13. Total Tax, Penalty and Interest Due (Add lines 11, 12A & B)	
3I. Sales of Groceries/Non-Prepared Food		14. Add: Prior Period Adjustment	
3J. Prescription Drugs/Pros Dev.		Deduct: Prior Period Adjustment	
3K. Other Deductions (List)		15. Total Due and Payable (To City of Commerce City)	
3. Total Deductions (Total of Lines 3 A thru K)		Amount Paid	
4. Total City Net Taxable Sales/Service (Line 2B minus total line 3)			

Schedule – A: Special Message to and from City/Taxpayer
<input type="checkbox"/> Check here for business closure / change of ownership <input type="checkbox"/> Check here if change of address

Schedule – B – City Use Tax					Schedule – C - Consolidated Accounts Report			
The City of Commerce City Municipal Code imposes a tax upon the privilege of using, storing, distributing or otherwise consuming in the City tangible 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 and 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 attached schedule in same format.			
Date of Purchase	Name of Vendor	Commodity Purchased	Reference Number	Taxable Amount	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)
(A) List of Purchases (If Additional Space needed-attach schedule in Same Format)							\$	\$
				\$				
(B) Total Taxable Amount of Property Subject to City Use Tax Enter Total Here and on Front of Return				\$	Enter Totals Here and on Front of Return		\$	\$

New Business Date: Mo. Day Yr. _____ Discontinued Date: Mo. Day Yr. _____	Show below change of ownership, name and/or address, etc. _____ _____ _____ <input type="checkbox"/> Mailing Address <input type="checkbox"/> Business Address	I hereby certify under penalty of perjury, that the statements made herein are to the best of my knowledge, true and correct. By _____ Company _____ Phone _____ Date _____ Title _____
--	---	---