SALES TAX RETURN

Note: *You must file this return even if line 15 is zero $*

CITY & COUNTY OF BROOMFIELD

Sales Tax Administration Division

P.O. Box 407

Broomfield, CO 80038-0407

FILING PERIOD

Returns not postmarked by the due date will be late

If filing a Consolidated Return, OR advising of changes on page 2, please place a LARGE "X" in box at right →		Due Date	State Sales Tax #	City License #

6. Excess Tax Collected (see instructions)	$
7. Sub-Total of Sales Taxes: (Line 5 plus line 6)	$
8. Vendor Fee: (line 7 times 3%) **Max = $200, Enter -0- on Late Return**	$
9. Net Broomfield City and County Sales Tax: (line 7 minus line 8)	$
10. Lodging Tax: Balance due from Lodging Tax Return (Attach copy of return)	$

Message *

****** Effective 1/1/2013, the Flatiron Improvement District tax rate has changed from .2% (.002) to .01% (.0001)***

1. GROSS SALES & SERVICES: (Total receipts, before sales tax, from City & County activity must be reported including all sales, rentals, leases, & services, both taxable and non- taxable)	**(Round to even $)** $	**11. Special District Tax:**	**For businesses located in special district ONLY**
		(a) Flatiron Improv. Dist. (FID) (Taxable sales) times .01% (.0001)	$
1 a. ADD - Bad Debts Collected: (which were previously deducted)	$	**(b) Arista Local Improv. Dist. (ALID) (Taxable sales) times .2% (.002)**	$
2. Adjusted Gross Sales & Services: (Line 1 plus 1a)	$	**12. Late Filing Penalty:** (See Instructions)	$
3. Exemptions: (Please insert total of line 3 from page 2)	$	**13. Interest:** (See Instructions)	$
4. Net Taxable Sales & Services: (Line 2 minus line 3)	$	**14. Adjustments:** See Instructions (Attach Authorization Letter)	$
5. Broomfield City and County Sales Tax: (Line 4 multiplied by 4.15%) or (.0415) **(Continued on line 6)**	$	**15. Total Due and Payable:** ***(Add Line 9 through line 13)*** [Minus line 14 if credit is authorized; Plus line 14 if a debit is required]	$

Business Location

Make Check or Money Order Payable to:
City and County of Broomfield

My signature affirms that I have read this return and it is true and correct to the best of my knowledge and is signed subject to penalties for perjury and other criminal offenses.

Phone: 303-464-5811 Fax: 303-410-3802
Email: salestax@broomfield.org
Web: www.broomfield.org/salestax

Signature: **Date:**

Title:	Phone:	Fax:	Email:

Line 3 (Detail)	**Exempt Sales**	**(See page 3 for instructions)**
A	Non-Taxable Service or Labor:	**$**
B	Sales to Licensed Dealers: (Must support exemption with valid Resale Number)	**$**
C	Sales Shipped Out of the City & County of Broomfield:	**$**
D	Bad Debts Charged Off: (On which tax was previously paid):	**$**
E	Trade-ins: (Where property will be resold at taxable value)	**$**
F	Sales of Cigarettes	**$**
G	Exempt Sales: (Government, religious, & charitable organizations)	**$**
H	Returned Goods: (on which tax was previously paid)	**$**
I	Sales of Lottery and Gasoline:	**$**
J	Prescription Drugs, and other exempt medical transactions:	**$**
K	Food purchased with Food Stamps or WIC Vouchers: **(Does not include "Food for Home Consumption" sold without stamps or vouchers)** (See Instructions)	**$**
L	Sales of Building Materials: (Only when supported by a Building Permit, showing Local Use Tax paid, and the permit number is shown on invoice)	**$**
M	Annual Restaurant Utility Adjustment: (Deduct only on first return of year, [February for monthly filers, April for quarterly] and support with DR 1465 form)	**$**
N	Miscellaneous exempt sales: (Please explain)	**$**
	Line 3: Total Exemptions: (Total of Line A though Line N) (Carry amount to line 3 on Page 1)	**$**

SCHEDULE B: CONSOLIDATED ACCOUNT REPORT

This schedule is required in all cases where the vendor is reporting sales for more than one location within the City and County of Broomfield. Each location must have a separate license.(Attach a separate spreadsheet if necessary)

Account Number	Business Location Address	Total Gross Sales For Reporting Period	Total Exemptions	Net Taxable Sales
		$	$	$
		$	$	$
		$	$	$
Totals:		$	$	$

ADDRESS CHANGES:

Mailing address: _____
City, State _____
Zip: _____
Location address: _____

Email: _____
Phone: _____

BUSINESS STATUS CHANGES:

1) Ownership (Date, New Owner and Phone)
_____
_____

2) Business Closure: (Date) _____

3) Filing frequency: (Call or Email for change)

Line 6:	If Sales Taxes collected, during the reporting period, exceed the amount calculated on Line 4, you must report and remit the excess on this line. [B.M.C. 3-04-120 (D)]
Line 8:	This amount reimburses the vendor for collecting our Sales Tax. It is not an additional cost to the vendor. Do not add this calculation to the tax. The amount you keep is limited to $200 per return period. **NOT APPLICABLE ON LATE RETURNS.**
Line 10:	A separate Lodger's Excise Tax return is no longer needed. The exemptions for the Lodger's Excise Tax are the same as the Sales Tax Exemptions. Rentals less than 30 days are taxable for both Sales and the Excise Tax. Report the rentals for 30 days or longer as an exemption on page 2, line N, and explain the entry.
Line 11:	The FlatIron Improvement District tax (FID) and the Arista Local Improvement District tax (ALID) are collected by the the City & County of Broomfield. Businesses located within the FlatIron Crossing Mall area must collect the FID tax @.01% (.0001) and businesses located within the Arista District/Broomfield Event Center area must collect the ALID tax @.2% (.002). See our tax rate sheet for streets in these districts, and maps of the districts.
Line 12:	Returns are due on the 1st day of the month following the reporting period. Returns will be considered late if payment is not received, or if the envelope is not postmarked, by the USPS, on or before the 20th day of the month following the end of the reporting period. Late returns will be assessed a penalty equal to the sum of $15, or ten percent (10%), whichever is greater.
Line 13:	Late payments are assessed interest at a rate of one percent (1%) per month, or a portion of a month, from the due date of the payment.
Line 14:	"Adjustments" for errors, from previous months, may be reported here, **only** if you have received a Credit Authorization or Debit Adjustment Billing letter from our division. You must apply for the credit; provide supporting documentation, and once approved, you may attach the "Authorization Letter" to your return.

Line 3 (C):	If you deliver or ship product "Out of the City and County of Broomfield", and you are unsure of the "in/out" status of the address; please contact our division for verification of out of city sales.
Line 3 (G):	Sales to exempt organizations must be supported by a "State of Colorado" exemption certificate. Place the exempt number of the organization on your invoice. (IE: 98-xxxxx-xxxx) The number must begin with "98".
Line 3 (K):	Only Food purchased with Food Stamps, or WIC vouchers may be deducted. The City and County of Broomfield tax rate on "Food for Home Consumption" is 4.15%. Do not deduct "Food" sold unless stamps or vouchers are collected. Food and drink, sold "ready to eat", or food sold as "immediate consumption" are taxed at the full applicable rate, including the State of Colorado tax. (See State FYI Sales 4)
Line 3 (L):	Projects, or improvements, requiring a "Building Permit" should have an estimated "Construction Use Tax" receipted on the permit. If your customer presents such a receipted permit, reflecting a pre-paid Use Tax on construction materials, you may exempt the Broomfield City and County Sales tax. The permit number must be shown on your invoice.

ADDITIONAL RESOURCES FOR TAX QUESTIONS:	**WEB**	**PHONE**	**FAX**
CITY AND COUNTY OF BROOMFIELD:	**WWW. BROOMFIELD.ORG/SALESTAX**	**303-464-5811**	**303-410-3802**