


Period Covered: _____ Account #: _____

DUE DATE:

Vendor's Name & Address

CITY OF NORTHGLENN
SALES/USE TAX RETURN
 Department of Finance
 PO BOX 330061
 Northglenn, CO 80233
 PH: 303-450-8729 FAX:303-450-8708
salestax@northglenn.org



1	Gross Sales & Service:		6	Northglenn Sales Tax (Line 5 x 4.0%) =	
2	Add: Bad Debts Collected:		7	Food for Home Consumption: Amount Subject to Tax x 3.5%=	
3	Total Lines 1 & 2:		8	Admissions Subject to Tax: x 3.0%=	
4	A. Non-Taxable Service Sales		9	Accommodations Subject to Tax: _____ x 5.0%=	
	B. Sales For Resale		10	Bowling Subject to Tax: _____ x 4.0% =	
D	C. Shipped Out of City/State		11	Excess Tax Collected	
E	D. Bad Debts: City Sales Tax Paid		12	Adjusted Tax: (Add Lines 6, 7, 8, 9, 10, and 11)	
D	E. Trade-ins for Taxable Resale		13	Vendors Fee: Deduct 1% of Line 12 (ONLY IF PAID BY DUE DATE)	
U	F. Sales of Gas & Cigarettes		14	Total Sales Tax: (Line 12 minus Line 13)	
C	G. Gov., Religious & Charitable		15	City Use Tax (Attach Schedule): Amount Subject to Tax x 4.0%=	
T	H. Returned Goods		16	Total Tax Due: (Add lines 14 & 15)	
I	I. Prescriptions, Prosthetic Devices		17	Penalty (if Filed After the Due Date): 15% of Line 16	
O	J. Other Deductions: List Separately		18	Interest (if Filed After the Due Date): 0.9167% per Month of Line 16	
N	K.		19	Total Tax, Penalty, & Interest: (Add Lines 16, 17, 18)	
S	L.		20	Adjustment from Prior Periods (Attach Copy of Assessment)	
	TOTAL DEDUCTIONS:		21	A. Add:	
5	NET TAXABLE SALES:		22	B. Deduct:	
SALES TAX LICENSE IS NOT TRANSFERABLE			23	TOTAL DUE & PAYABLE:	
Special Message from Vendor to City of Northglenn:			Show Below Change of Ownership and/or Address, Phone, Etc.		
I hereby Certify under penalty of perjury, that the Statements made herein are to the best of my knowledge true & correct.					
Signed:					
Company:			_____ Mailing Address _____ Business Address		
Title:					
Phone:			24 Business Closed (Date):		