



CITY OF BRIGHTON LODGING TAX RETURN

Mail Form To: Finance Department - Sales Tax
 500 South 4th Avenue
 Brighton, CO 80601
 (303)-655-2041
www.brightonco.gov
 Returns postmarked AFTER the Due date will be late

A SEPARATE RETURN MUST BE FILED FOR EACH LOCATION

PERIOD COVERED	DUE DATE	ACCT. #	COMPUTATION OF TAX	
GROSS SALES AND SERVICES:				
1.	TOTAL RECEIPTS, <u>BEFORE LODGING AND SALES TAX</u> , FROM CITY ACTIVITY MUST BE REPORTED INCLUDING ALL SALES, RENTALS, LEASES, AND SERVICES, BOTH TAXABLE AND NON-TAXABLE.		\$	
2.	A. ADD – BAD DEBTS COLLECTED WHICH WERE PREVIOUSLY DEDUCTED:		\$	5. AMOUNT OF CITY LODGING TAX (LINE 4 x 3%)
2.	B. TOTAL OF LINES: 1 & 2A		\$	6. ADD EXCESS TAX COLLECTED
3.	A. NON-TAXABLE SERVICE OR LABOR	\$		7. ADJUSTED CITY TAX (ADD LINES 5&6)
	B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE	\$		8. DEDUCT 3.33% OF LINE 7 (VENDOR'S FEE IF PAID IN FULL BY DUE DATE) **MAX \$600**
	C. SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN ITEM 1 ABOVE)	\$		9. TOTAL LODGING TAX (LINE 7 MINUS LINE 8)
	D. BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)	\$		10. TOTAL LODGING TAX DUE (LINE 9)
	E. TRADE-INS FOR TAXABLE RESALE	\$		11. IF RETURN IS FILED AFTER DUE DATE ADD 10% PLUS 1% INTEREST PER MONTH OF LINE 7
	F. SALES OF GASOLINE AND CIGARETTES	\$		12. TOTAL TAX PENALTY AND INTEREST DUE (LINES 10 & 11)
	G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS	\$		13. PRIOR PERIOD'S ADJUSTMENT NOTICE OF OVER OR UNDERPAYMENTS
	H. RETURNED GOODS (ON WHICH CITY TAX WAS PREVIOUSLY PAID)	\$		14. TOTAL DUE AND PAYABLE (MAKE CHECK PAYABLE TO CITY OF BRIGHTON)
	I. PRESCRIPTION DRUGS/PROSTHETIC DEVICES	\$		
	J. FOOD STAMPS/W.I.C VOUCHERS	\$		
	K. OTHER DEDUCTIONS - LIST ON REVERSE SIDE (WILL BE DISALLOWED IF NOT LISTED)	\$		
3.	TOTAL DEDUCTIONS (ADD LINES 3A THRU 3K)		\$	
4.	TOTAL CITY NET TAXABLE SALES & SERVICE (SUM OF LINE 2B MINUS LINE 3)		\$	

TAXPAYERS INFORMATION

COMPANY:	TRADE NAME:	STATE:	ZIP:
ADDRESS:	CITY:		
PHONE:	FAX:		

NEW BUSINESS DATE MO. DAY YEAR ____ ____ ____ DISCONTINUED DATE MO. DAY YEAR ____ ____ ____	1. If ownership has changed, give date of change and new owners 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? _____ _____ _____ ____ Bus. Address ____ Mailing Address	SHOW BELOW CHANGE OF OWNERSHIP, NAME AND ADDRESS _____ _____ _____ _____ _____ _____	I, hereby certify, under penalty of perjury, that the statements made herein are to the best of my knowledge true and correct. By: _____ Title: _____ Company: _____ Date: _____
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