



A SEPARATE RETURN MUST BE FILED FOR EACH LOCATION

CITY OF BRIGHTON SALES TAX RETURN – PRAIRIE CENTER

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

PERIOD COVERED	DUE DATE	ACCT. #			
GROSS SALES AND SERVICES: 1. TOTAL RECEIPTS, BEFORE SALES TAX, FROM CITY ACTIVITY MUST BE REPORTED INCLUDING ALL SALES, RENTALS, LEASES, AND SERVICES, BOTH TAXABLE AND NON-TAXABLE.			COMPUTATION OF TAX		
2.	A. ADD – BAD DEBTS COLLECTED WHICH WERE PREVIOUSLY DEDUCTED:	\$	5.	AMOUNT OF CITY SALES TAX (LINE 4 X 2.5% (.025))	\$
2.	B. ADD - 1.25% CREDIT PIF COLLECTED	\$	6.	ADD EXCESS TAX COLLECTED	\$
2.	C. ADD – 1.0% ADD-ON PIF COLLECTED	\$	7.	ADJUSTED CITY TAX (ADD LINES 5 & 6)	\$
2.	D. TOTAL OF LINES: 1, 2A, 2B, 2C	\$	8.	DEDUCT 3.33% (.0333) OF LINE 7 (VENDOR'S FEE IF PAID IN FULL BY DUE DATE) **MAX \$600**	\$
3.	A. NON-TAXABLE SERVICE OR LABOR	\$	9.	TOTAL SALES TAX DUE (LINE 7 MINUS LINE 8)	\$
	B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE	\$	10.	IF RETURN IS FILED AFTER DUE DATE ADD 10% PLUS 1% INTEREST PER MONTH OF LINE 7	\$
	C. SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN ITEM 1 ABOVE)	\$	11.	TOTAL TAX, PENALTY, AND INTEREST DUE (LINES 9 & 10)	\$
	D. BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)	\$	12.	PRIOR PERIOD'S ADJUSTMENT NOTICE OF OVER OR UNDERPAYMENTS	\$
	E. TRADE-INS FOR TAXABLE RESALE	\$	13.	TOTAL DUE AND PAYABLE (MAKE CHECK PAYABLE TO: CITY OF BRIGHTON)	\$
	F. SALES OF GASOLINE AND CIGARETTES	\$			
	G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS	\$			
	H. RETURNED GOODS (ON WHICH CITY TAX WAS PREVIOUSLY PAID)	\$			
	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 (LINE 2D 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, herby 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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