



BrightonSM

LODGING TAX RETURN

A SEPARATE RETURN MUST BE FILED FOR EACH LOCATION

RETURN FILING INSTRUCTIONS

RETURN WITH PAYMENT - STANDARD MAIL

City of Brighton, PO Box 913297, Denver, CO 80291-3297

RETURN WITH PAYMENT - CERTIFIED OR EXPRESS DELIVERY

500 South 4th Avenue, Brighton, CO 80601 Attn: Sales Tax

ZERO RETURN E-MAIL - salestax@brightonco.gov

PERIOD COVERED		DUE DATE	ACCT.#	_____ AMENDED RETURN		
1.	GROSS SALES & SERVICES: TOTAL RECEIPTS, <u>BEFORE TAX</u> , FROM CITY ACTIVITY MUST BE REPORTED.		\$	COMPUTATION OF TAX		
2.	A. ADD- BAD DEBTS COLLECTED WHICH WERE PREVIOUSLY DEDUCTED:		\$			
	B. TOTAL OF LINES 1 & 2A:		\$	6.	AMOUNT OF CITY LODGING TAX (LINE 5 X 3.0%)	\$
3.	A. NON-TAXABLE SERVICE OR LABOR	\$		7.	ADD EXCESS TAX COLLECTED	\$
	B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE	\$		8.	ADJUSTED LODGING TAX (LINES 6 PLUS 7)	\$
	C. SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN ITEM 1 ABOVE)	\$		9.	VENDOR FEE - IF PAID IN FULL BY DUE DATE DEDUCT 3.33% OF LINE 8 **MAX 25.00**	\$
	D. BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)	\$		10.	NET TAX DUE (LINE 8 MINUS LINE 9)	\$
	E. TRADE-INS FOR TAXABLE RESALE	\$		11.	PENALTY - IF FILED AFTER DUE DATE ADD 10% OF LINE 11	\$
	F. SALES OF GASOLINE AND CIGARETTES	\$		12.	INTEREST - IF FILED AFTER DUE DATE ADD 1% OF LINE 11 PER MONTH	\$
	G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS	\$		13.	TOTAL TAX, PENALTY AND INTEREST DUE (LINES 10 THRU 12)	\$
	H. RETURNED GOODS (ON WHICH CITY TAX WAS PREVIOUSLY PAID)	\$		14.	PRIOR PERIOD'S ADJUSTMENT NOTICE OF OVER OR UNDERPAYMENTS	\$
	I. PRESCRIPTION DRUGS/PROSTHETIC DEVICES	\$		15.	TOTAL DUE AND PAYABLE (MAKE CHECK PAYABLE TO CITY OF BRIGHTON)	\$
	J. LODGING OVER 30 CONSECUTIVE DAYS	\$				
	K. OTHER DEDUCTIONS - PLEASE LIST	\$				
4.	TOTAL DEDUCTIONS (ADD LINES 3A THRU 3K)		\$			
5.	TOTAL CITY NET TAXABLE SALES & SERVICES (LINE 2B MINUS LINE 4)		\$			

Returns postmarked AFTER the Due date will be late and subject to penalties and interest

TAXPAYER'S 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 owner's 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?	SHOW BELOW CHANGE OF OWNERSHIP, NAME AND ADDRESS _____ _____ _____ _____ ___ Bus Address ___ Mailing Address	I, hereby certify, under penalty of perjury, that the statements made herein are to the best of my knowledge true and correct. Name: _____ Signature: _____ Title: _____ Company: _____ Date: _____ Phone#: _____
	5. If business is temporarily closed, give dates to be closed. 6. If business is seasonal, give months of operation.		