



**SALES  
TAX  
RETURN**

**CITY & COUNTY OF BROOMFIELD**

Sales Tax Administration Division

P.O. Box 407

Broomfield, CO 80038-0407

FILING PERIOD (Required)

**Note:**

You must file this return even if line 15 is zero \$

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

City's License Number ( Required )

Enter Business or Trade Name:

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)

**\*\*\* Important Message \*\*\***

Late returns will be assessed a \$15 per notice penalty fee for the first & second issuance of the delinquency notice. Assessment penalty fees will be \$25/notice or 15% of tax due for the 3rd, 4th and 5th notices, 6th or more \$50 per notice or 30% of tax due.

1. GROSS SALES & SERVICES:

(Round to even \$)

(Total receipts, before sales tax, from City & County activity must be reported including all sales, rentals, leases, & services, both taxable and non-taxable)

11. Special District Tax: For businesses located in special district ONLY

(a) Flatiron Improv. Dist. (FID)

(Taxable sales) times .01% (.0001)

(b) Arista Local Improv. Dist. (ALID)

(Taxable sales) times .2% (.002)

1 a. ADD - Bad Debts Collected:

(which were previously deducted)

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](mailto:salestax@broomfield.org)

Web: [www.broomfield.org/salestax](http://www.broomfield.org/salestax)

Signature:

Date:

Title:

Phone:

Fax:

Email:

<b>Line 3 (Detail)</b>	<b>Exempt Sales</b>	<b>(See page 3 for instructions)</b>
<b>A</b> Non-Taxable Service or Labor:		
<b>B</b> Sales to Licensed Dealers: (Must support exemption with valid Resale Number)		
<b>C</b> Sales Shipped Out of the City & County of Broomfield:		
<b>D</b> Bad Debts Charged Off: (On which tax was previously paid):		
<b>E</b> Trade-ins: (Where property will be resold at taxable value)		
<b>F</b> Sales of Cigarettes		
<b>G</b> Exempt Sales: (Government, religious, & charitable organizations)		
<b>H</b> Returned Goods: (on which tax was previously paid)		
<b>I</b> Sales of Lottery and Gasoline:		
<b>J</b> Prescription Drugs, and other exempt medical transactions:		
<b>K</b> Food purchased with Food Stamps or WIC Vouchers: ( <b>Does not include "Food for Home Consumption" sold without stamps or vouchers</b> ) (See Instructions)		
<b>L</b> Sales of Building Materials: ( <u>Only when supported by a Building Permit, showing Local Use Tax paid, and the permit number is shown on invoice</u> )		
<b>M</b> Miscellaneous exempt sales: (Please explain)		
<b>Line 3: Total Exemptions:</b> (Total of Line A through 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
		\$ _____	\$ _____	\$ _____ -
		\$ _____	\$ _____	\$ _____ -
		\$ _____	\$ _____	\$ _____ -
<b>Totals:</b>		\$ _____ -	\$ _____ -	\$ _____ -

**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)