



LODGING TAX RETURN

Business Name: _____ Town License Number: _____
Business Location: _____ Period Covered: _____
Mailing Address: _____ Due Date: 20th of the month

Today's Date _____

(1) Gross receipts from accommodations \$ _____

(2) Subtract Deductions:

(a) Accommodations under contract for 30 days or more to a sole person or entity \$ _____

(b) Sales to government, religious or charitable organizations \$ _____

(c) **Total deductions (sum line 2a through 2b)** -\$ _____

(3) **Net Taxable accommodations (line 1 minus 2c)** \$ _____

(4) **Tax @ 2% (line 3 x .02)** \$ _____

(5) **ADD for late filing**

(a) **penalty 10% (line 4 x .10)** \$ _____
(Minimum amt \$10.00)

(b) **interest 1% (line 4 x .01 months late)** \$ _____

(c) **Total penalty and interest (sum lines 5a and 5b)** \$ _____

(6) **Total due (total of lines 4 and 5c)** \$ _____

(7) **AMOUNT PAID** \$ _____

I hereby certify, under penalty of perjury, the statement made herein, are true and correct to the best of my knowledge and belief.

Signature of Taxpayer/Agent _____ Date _____

THE RETURN MUST BE SIGNED. Please make checks payable to the Town of Georgetown. Mailing address P.O. Box 426, Georgetown, CO 80444