


Account #:		Due Date:		CITY OF NORTHGLENN Sales and Use Tax Return PO Box 5305 Denver, CO 80217-5305 Phone: 303-450-8729 Fax: 303-450-8708 salestax@northglenn.org		 Northglenn	
Period Covered:		Vendor's Name & Address					
1	Gross Sales & Service:			6	Northglenn Sales Tax (Line 5 x 4.0%) =		
2	Add: Bad Debts Collected:			7	Food for Home Consumption Subject to Tax _____ x 3.0% =		
3	Total Lines 1 & 2:			8	Admissions Subject to Tax _____ x 3.0% =		
DEDUCTIONS	4 A. Non-Taxable Service Sales			9	Accommodations Subject to Tax _____ x 5.0% =		
	B. Sales For Resale			10	Marijuana and Marijuana products _____ x 2.0% =		
	C. Shipped Out of City/State			11	Excess Tax Collected		
	D. Bad Debts: City Sales Tax Paid			12	Adjusted Tax (Add Lines 6, 7, 8, 9, 10, and 11)		
	E. Trade-Ins for Taxable Resale			13	Vendors Fee: Deduct 1% of Line 12 (ONLY IF PAID BY DUE DATE)		
	F. Sales of Gas & Cigarettes			14	Total Sales Tax (Line 12 minus Line 13)		
	G. Government, Religious, & Charitable			15	City Use Tax (Attach Schedule) Subject to Tax _____ x 4.0%=		
	H. Returned Goods			16	Total Tax Due: (Add lines 14 & 15)		
	I. Prescriptions, Prosthetic Devices			17	Penalty (If Filed After the Due Date) 15% of Line 16 (0.15 x Line 16)		
	J. Food for Home Consumption			18	Interest (if Filed After the Due Date) 0.50% per Month (0.005 x # of Mos. x Line 16)		
K. Other Deductions, List Separately		19	Total Tax, Penalty, & Interest (Add Lines 16, 17, 18)				
L.		20	Adjustment from Prior Periods (Attach Copy of Assessment)				
M.			A. Add				
TOTAL DEDUCTIONS:			B. Deduct				
5	NET TAXABLE SALES:			21	TOTAL DUE & PAYABLE		
I hereby Certify under penalty of perjury, that the Statements made herein are to the best of my knowledge, true, & correct.				Show Below Change of Ownership and/or Address, Phone, Etc. ____ Mailing Address ____ Business Address			
Signed:							
Company:							
Title:							
Phone:							
If Business Closed, please state so and include the closing Date:							

BUSINESS TAX LICENSE IS NOT TRANSFERABLE

