

# CITY OF ALAMOSA

## Retail Sales Tax Return

PERIOD COVERED  DATE DUE	TAXPAYER'S NAME AND ADDRESS  ACCOUNT NUMBER
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**DUE 20TH OF FOLLOWING MONTH. PENALTY AND INTEREST ATTACHES IF NOT FILED ON OR BEFORE DUE DATE.**

MAKE CHECKS PAYABLE TO:  
 CITY OF ALAMOSA  
 P.O. BOX 419  
 ALAMOSA, CO 81101  
 (719) 589-2593

**DO NOT WRITE IN THIS SPACE**

Receipt # \_\_\_\_\_  
 Audited By \_\_\_\_\_  
 Posted By \_\_\_\_\_

<b>1</b>	<b>GROSS SALES AND SERVICE</b>	TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INCL. ALL SALES RENTALS LEASES AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE.
<b>2A ADD: BAD DEBTS COLLECTED</b>		
<b>2B TOTAL LINES 1 &amp; 2A</b>		
<b>D E D U C T I O N S</b>	<b>A</b> NON-TAXABLE SERVICE SALES (ITEM 1 ABOVE)	INCLUDED IN SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE
	<b>B</b> SALES SHIPPED OUT OF CITY AND/OR STATE	ON WHICH CITY SALES CHARGED OFF TAX HAS BEEN PAID
	<b>C</b> BAD DEBTS	ON WHICH CITY SALES CHARGED OFF TAX HAS BEEN PAID
	<b>D</b> TRADE-INS FOR TAXABLE RESALE	
	<b>E</b> SALES OF GASOLINE AND CIGARETTES	
	<b>F</b> SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS	
	<b>G</b> RETURNED GOODS	
	<b>H</b> PRESCRIPTION DRUGS / PROSTHETIC DEVICES	
	<b>I</b> OTHER DEDUCTIONS (LIST)	
	<b>J</b>	
<b>K</b>		
<b>L</b>		
<b>3 TOTAL DEDUCTIONS</b>		(TOTAL OF LINES 3 A THRU L)
<b>4 TOTAL CITY NET TAXABLE SALES &amp; SERVICE</b>		(LINE 2B MINUS TOTAL LINE 3)

COMPUTATION OF TAX			
<b>5</b>	AMOUNT OF CITY SALES TAX 2% OF LINE 4		
<b>6</b>	ADD: EXCESS TAX COLLECTED		
<b>7</b>	ADJUSTED CITY TAX: ADD LINES 5 & 6		
<b>8</b>	DEDUCT 2% OF LINE 7 (IF PAID BY DUE DATE) <b>Maximum \$100.00</b>		
<b>9</b>	TOTAL SALES TAX (LINE 7 MINUS LINE 8)		
<b>10</b>	CITY USE TAX AMOUNT SUBJECT TO TAX X %		
<b>11</b>	TOTAL TAX DUE ADD LINES 9 AND 10		
<b>12</b>	LATE FILING IF RETURN IS FILED AFTER DUE DATE THEN ADD: PENALTY 10% INTEREST PER MONTH 2%	ENTER TOTAL	
<b>13</b>	TOTAL TAX, PENALTY, AND INTEREST DUE ADD LINES 11 AND 12		
<b>14</b>	ADJUSTMENT PRIOR PERIOD INDICATE MONTH ERROR OCCURRED	A - ADD: B - DEDUCT: (Credit)	
<b>15</b>	TOTAL DUE AND PAYABLE:	MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF ALAMOSA)	

<b>SCHEDULE A:</b>	SPECIAL MESSAGE TO AND FROM CITY/TAXPAYER
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SCHEDULE - B CITY USE TAX			
The City's Municipal Code imposes a tax upon the privilege of using, storing, distributing, or otherwise consuming in the City, tangible property or taxable services purchased, rented, or leased.			
DATE OF PURCHASE	NAME OF VENDOR ADDRESS	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE
A) LIST OF PURCHASES (IF ADDITIONAL SPACE NEEDED - ATTACH SCHEDULE IN SAME FORMAT)			
			\$
			\$
B) TOTAL PURCHASE PRICE OF PROPERTY SUBJECT TO CITY USE TAX ENTER TOTAL LINE B) ON LINE 10 ON TOP OF RETURN			

SCHEDULE - C CONSOLIDATED ACCOUNTS REPORT			
This schedule is required in all cases in which the taxpayer makes a consolidated return which includes sales made at more than one location. It must be completely filled out and convey all information required in accordance with column headings. If additional space is needed, attach schedule in same format.			
ACCOUNT NUMBER	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES AGGREGATE TO LINE 1 TOP OF RETURN)	PERIODS NET TAXABLE SALES AGGREGATE TO LINE 4 TOP OF RETURN)
		\$	\$
ENTER TOTALS HERE AND TOP OF RETURN		\$	\$

NEW BUSINESS DATE MO. DAY YR _____	1. If ownership has changed, give date of change and the 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? 5. If business is temporarily closed, give dates to be closed. 6. If business is seasonal, give months of operation. 7. If this return includes sales from more than one location, refer to and complete Schedule C.
DISCONTINUED DATE MO. DAY YR _____	
SHOW BELOW CHANGE OF OWNERSHIP AND/OR ADDRESS, ETC. _____ _____ _____	
<input type="checkbox"/> BUS. ADDRESS	<input type="checkbox"/> MAILING ADDRESS
I, hereby certify, under penalty of perjury, that the statements made herein are to the best of my knowledge true and correct. BY: _____ COMPANY: _____ PHONE: _____ TITLE _____ DATE _____	