

PERIOD _____ DATE _____ ACCOUNT _____
 COVERED _____ DUE _____ NUMBER _____

**2009 SALES/USE TAX RETURN
 CITY OF DURANGO**

949 EAST SECOND AVENUE DURANGO, CO 81301-5109
 (970) 375-5033 FAX: (970) 375-5038 www.durangogov.org

TAXPAYER'S NAME AND ADDRESS

BUSINESS NAME _____
 ADDRESS _____
 CITY, ST, ZIP _____

COMPUTATION OF TAX

5	AMOUNT OF CITY SALES TAX-----RATE IS 3% OF LINE 4	
6	EXCESS TAX COLLECTED	
7	ADJUSTED CITY TAX (ADD Lines 5 and 6)	
8	DEDUCT 3 1/3% OF LINE 7 (Vendor's Fee if paid by due date, MAX=\$300)	
9	TOTAL SALES TAX (Line 7 Minus Line 8)	
10	CITY USE TAX RATE: Total subject to tax 3% from Schedule B: \$	
11	LODGER'S TAX RATE: Amount subject to 2% lodger's tax: \$	
12	TOTAL TAX DUE (Add Lines 9, 10 and 11)	
13A	LATE FILING FEES PENALTY RATE: 10%	
13B	LATE FILING FEES INTEREST RATE: 0.67%	
14	TOTAL TAX, PENALTY AND INTEREST (Add lines 12, 13A AND 13B)	
15A	ADJUSTMENTS ADD UNDERPAYMENT	
15B	FROM PRIOR PERIOD DEDUCT OVERPAYMENT/BOND	
16	TOTAL DUE AND PAYABLE: MAKE CHECK PAYABLE TO CITY OF DURANGO	

1	GROSS SALES AND SERVICE	
2A	ADD BAD DEBTS COLLECTED	
2B	TOTAL LINES 1 & 2A	> > >
D E D U C T I O N S	3A NON-TAXABLE SERVICES	
	3B SALES TO OTHER LICENSED DEALERS	
	3C SALES SHIPPED OUT OF CITY	
	3D BAD DEBTS CHARGED OFF	
	3E TRADE-INS FOR TAXABLE RESALE	
	3F SALES OF GASOLINE AND CIGARETTES	
	3G SALES TO GOVERNMENT /RELIGIOUS/CHARITABLE	
	3H RETURNED GOODS	
	3I OTHER DEDUCTIONS (list)	
	3J	
	3K	
3	TOTAL OF DEDUCTIONS LINE (line 3A through 3K)	
4	TOTAL CITY NET TAXABLE SALES & SERVICE (line 2B minus line 3)	

ADDITIONAL NOTES

This return is used for both sales and use tax. You may owe tax even if you have no retail sales.

SCHEDULE B - CITY USE TAX

(If additional space is needed, attach schedule in same format)

THE DURANGO 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	TYPE OF COMMODITY	PURCHASE PRICE

TOTAL PURCHASE PRICE OF PROPERTY SUBJECT TO CITY USE TAX--TRANSFER TOTAL TO LINE 10 OF TAX RETURN \$ _____

CHANGES THAT MUST BE REPORTED:

Show below change of Ownership, Name and/or Address:

1. If ownership has changed, give date of change and new owner's name

Date of Change _____ New Owner's Name _____

2. If business is permanently discontinued, give date discontinued: _____

3. If business location has changed, give new address: _____

4. If business has had a name change, give new name: _____

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

Signed: _____

Title: _____

Company: _____

Date: _____

Phone: _____

E-Mail: _____