

# Colorado Sales Efile

## Test Scenario Three

This test scenario contains the sales information for the example taxpayer listed. Also included are examples of what the paper DR 0100 return would be for the locations this taxpayer does business in. A sample instance document for this taxpayer will be posted to the Colorado Dept. of Revenue website at Taxcolorado.com > Business taxes > Spreadsheet filers.

Developers can submit the XML document for this test as an email attachment sent to Steve Asbell and Connie Daub:

[sasbell@spike.dor.state.co.us](mailto:sasbell@spike.dor.state.co.us)

[cdaub@spike.dor.state.co.us](mailto:cdaub@spike.dor.state.co.us)

At a later time there will be a test URL where the electronic return can be uploaded.

## Colorado Sales Efile Test Scenario Three

Taxpayer Accurate Telecom is a monthly filer with three locations.  
The taxpayer's Colorado account number 1313433.

The filing period is July 2010.

For all locations the following sales information applies:

Gross sales	\$100,000
Sales to government/charitable	\$5,000
Overpayment from previous return	\$1,000 state sales tax only
Excess tax collected	\$5 for state sales only

Location one is located in Lakewood in the local improvement district, Jefferson County, jurisdiction code 110060

Location ID 13134330001

State-collected taxes are state, county, LID, and RTD/CD/FD

Tax rates: state 2.9%, county .5%, LID .43%, RTD 1%, CD .1%, FD .1%

Service fee rate: county 3.33%, LID 3.33%

Location two is located in original Lone Tree, Douglas County, jurisdiction code 470031

Location ID 13134330002

State-collected taxes are state, county, RTD, CD

Tax rates: state 2.9%, county 1%, RTD 1%, CD .1%

Service fee rate: county 2.33% (\$200 cap)

Location three is located in New Castle, Garfield County, jurisdiction code 240031

Location ID 13134330003

State-collected taxes are state, city, county, and RTA

Tax rates: state 2.9%, city 3.5%, county 1%, RTA .8%

Service fee rate: city 3.33%, county 3.33%

# COLORADO RETAIL SALES TAX RETURN

Deductions and Exemptions Schedule:

2B Other Deductions must be itemized in the schedule below.		KEEP THIS FOR YOUR RECORDS			
Part A — Deductions	(1) Service sales .....				.00
	(2) Sales to governmental agencies, religious or charitable organizations.....				.00
	(3) Sales of gasoline .....				.00
	(4) Sales of drugs by prescription and prosthetic devices .....				.00
	(5) Trade-ins for taxable resale .....				.00
	(6) Bad debts charged-off, returned goods, trade discounts and allowances where tax was paid (cash discounts are not allowed).....				.00
	(7) Cost of utilities, excluding tax (restaurants only, at end of year, using form DR 1465).....				.00
	(8) Sales of Agricultural Compounds .....				.00
	(9) Other (Explain) .....				.00
<b>Total</b> add lines (1) through (9) (enter here and on line 2B of the return)..... <b>Total</b>					.00
3b. Enter total State Exemptions and applicable Local Exemption on line 3b. Net sales must be itemized below.					
Part B — Exemptions	(1) Food, including food sold through vending machines.....	.00	.00	.00	.00
	(2) Machinery .....	.00	.00	.00	.00
	(3) Electricity .....	.00	.00	.00	.00
	(4) Farm Equipment .....	.00	.00	.00	.00
	(5) Pesticides .....	.00	.00	.00	.00
	(6) Sales of low-emitting vehicles, etc.....	.00	.00	.00	.00
	(7) School related sales .....	.00	.00	.00	.00
	(8) Cigarettes .....	.00	.00	.00	N/A
	(9) Renewable energy components .....	.00	.00	.00	.00
	(10) Other (explain).....	.00	.00	.00	.00
	(11) <b>TOTAL</b> (enter here and on line 3B of the return)	.00	.00	.00	.00

**Return Check Policy:** The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.



**MAIL COMPLETED FORM WITH PAYMENT TO: Colorado Department of Revenue, Denver, CO 80261-0013**

Date	Phone ( )	Signed under penalty of perjury in the second degree.		Signature	
Name	1. <b>Gross Sales and Services</b> (include bad debts, previously deducted).....●(1-4) 00				
Due Date	2. <b>Deductions:</b> a. Sales to other licensed dealers, for resale . ●(2-4) 00				
Acct. No.	Period	<b>20-100</b>		b. Other deductions (itemized above).....	00
Email address	c. Total (add lines 2a & 2b).....				00
3. <b>Net sales:</b> (line 1 minus line 2C).....	00	00	00	00	00
a. Sales out of taxing area .....	00	00	00	00	00
b. Exemptions (from schedule).....	00	00	00	00	00
c. Overpayment from previous return .....	00	00	00	00	00
4. <b>Net taxable sales</b> (line 3 minus a,b,& c).....●(4-1)	00	(4-2)	00	(4-3)	(4-4) 00
TAXRATE					
5. <b>Amount of sales tax</b> .....	00	00	00	00	00
6. <b>Excess tax collected</b> .....●(6-1)	00	(6-2)	00	(6-3)	(6-4) 00
7. <b>Total</b> (add lines 5 & 6).....	00	00	00	00	00
8. a. Service fee rate.....					
b. Service fee allowed vendor (only if paid on or before due date).....●(8-1)	00	(8-2)	00	(8-3)	(8-4) 00
9. <b>Sales tax due</b> (line 7 minus line 8B).....	00	00	00	00	00
10. <b>Tax on \$</b> .....●(10-1)	00	(10-2)	00	(10-3)	(10-4) 00
11. <b>Total tax due</b> (add lines 9 & 10).....(100)	(11-1) 00	(11-2)	00	(11-3)	(11-4) 00
12. <b>Penalty:</b> .....	(12-1) 00	(12-2)	00	(12-3)	(12-4) 00
13. <b>Monthly interest rate</b> times line 11.....(300)	(13-1) 00	(13-2)	00	(13-3)	(13-4) 00
14. <b>Total each tax</b> (add lines 11, 12, & 13).....	00	00	00	00	00
15. <b>TOTAL AMOUNT REMITTED</b> (add all columns on line 14) (See return check policy above) ..... Paid by EFT <input type="checkbox"/> (355) \$ .00					

DR 0100 (01/12/10) WEB COLORADO RETAIL SALES TAX RETURN • REMITTANCE COPY

# COLORADO RETAIL SALES TAX RETURN

Deductions and Exemptions Schedule:

2B Other Deductions must be itemized in the schedule below.		KEEP THIS FOR YOUR RECORDS			
Part A — Deductions	(1) Service sales .....				.00
	(2) Sales to governmental agencies, religious or charitable organizations.....				.00
	(3) Sales of gasoline .....				.00
	(4) Sales of drugs by prescription and prosthetic devices .....				.00
	(5) Trade-ins for taxable resale .....				.00
	(6) Bad debts charged-off, returned goods, trade discounts and allowances where tax was paid (cash discounts are not allowed).....				.00
	(7) Cost of utilities, excluding tax (restaurants only, at end of year, using form DR 1465).....				.00
	(8) Sales of Agricultural Compounds .....				.00
	(9) Other (Explain) .....				.00
<b>Total</b> add lines (1) through (9) (enter here and on line 2B of the return)..... <b>Total</b>					.00
3b. Enter total State Exemptions and applicable Local Exemption on line 3b. Net sales must be itemized below.					
Part B — Exemptions	(1) Food, including food sold through vending machines.....	.00	.00	.00	.00
	(2) Machinery .....	.00	.00	.00	.00
	(3) Electricity .....	.00	.00	.00	.00
	(4) Farm Equipment .....	.00	.00	.00	.00
	(5) Pesticides .....	.00	.00	.00	.00
	(6) Sales of low-emitting vehicles, etc.....	.00	.00	.00	.00
	(7) School related sales .....	.00	.00	.00	.00
	(8) Cigarettes .....	.00	.00	.00	N/A
	(9) Renewable energy components .....	.00	.00	.00	.00
	(10) Other (explain).....	.00	.00	.00	.00
	(11) <b>TOTAL</b> (enter here and on line 3B of the return)	.00	.00	.00	.00

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**MAIL COMPLETED FORM WITH PAYMENT TO: Colorado Department of Revenue, Denver, CO 80261-0013**

Date	Phone ( )	Signed under penalty of perjury in the second degree.		Signature	
Name	1. <b>Gross Sales and Services</b> (include bad debts, previously deducted).....●(1-4) 00				
Due Date	2. <b>Deductions:</b> a. Sales to other licensed dealers, for resale . ●(2-4) 00				
Acct. No.	Period	<b>20-100</b>		b. Other deductions (itemized above).....	00
Email address	c. Total (add lines 2a & 2b).....				00
3. <b>Net sales:</b> (line 1 minus line 2C) .....	00	00	00	00	00
a. Sales out of taxing area .....	00	00	00	00	00
b. Exemptions (from schedule).....	00	00	00	00	00
c. Overpayment from previous return .....	00	00	00	00	00
4. <b>Net taxable sales</b> (line 3 minus a,b,& c).....●(4-1)	00	(4-2)	00	(4-3)	(4-4) 00
TAXRATE					
5. <b>Amount of sales tax</b> .....	00	00	00	00	00
6. <b>Excess tax collected</b> .....●(6-1)	00	(6-2)	00	(6-3)	(6-4) 00
7. <b>Total</b> (add lines 5 & 6).....	00	00	00	00	00
8. a. Service fee rate.....					
b. Service fee allowed vendor (only if paid on or before due date).....●(8-1)	00	(8-2)	00	(8-3)	(8-4) 00
9. <b>Sales tax due</b> (line 7 minus line 8B).....	00	00	00	00	00
10. <b>Tax on \$</b> .....	●(10-1)	00	(10-2)	00	(10-3) 00
11. <b>Total tax due</b> (add lines 9 & 10).....(100)	●(11-1)	00	(11-2)	00	(11-3) 00
12. <b>Penalty:</b> .....	(200)	00	(12-2)	00	(12-3) 00
13. <b>Monthly interest rate</b> times line 11.....(300)	●(13-1)	00	(13-2)	00	(13-3) 00
14. <b>Total each tax</b> (add lines 11, 12, & 13).....	00	00	00	00	00
15. <b>TOTAL AMOUNT REMITTED</b> (add all columns on line 14) (See return check policy above) ..... Paid by EFT <input type="checkbox"/> (355) \$ .00					

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<b>Total</b> add lines (1) through (9) (enter here and on line 2B of the return)..... <b>Total</b>					.00
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Part B — Exemptions	(1) Food, including food sold through vending machines.....	.00	.00	.00	.00
	(2) Machinery .....	.00	.00	.00	.00
	(3) Electricity .....	.00	.00	.00	.00
	(4) Farm Equipment .....	.00	.00	.00	.00
	(5) Pesticides .....	.00	.00	.00	.00
	(6) Sales of low-emitting vehicles, etc.....	.00	.00	.00	.00
	(7) School related sales .....	.00	.00	.00	.00
	(8) Cigarettes .....	.00	.00	.00	N/A
	(9) Renewable energy components .....	.00	.00	.00	.00
	(10) Other (explain).....	.00	.00	.00	.00
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Acct. No.	Period	<b>20-100</b>		b. Other deductions (itemized above).....	00
Email address	c. Total (add lines 2a & 2b).....				00
3. <b>Net sales:</b> (line 1 minus line 2C) .....	00	00	00	00	00
a. Sales out of taxing area .....	00	00	00	00	00
b. Exemptions (from schedule).....	00	00	00	00	00
c. Overpayment from previous return .....	00	00	00	00	00
4. <b>Net taxable sales</b> (line 3 minus a,b,& c).....●(4-1)	00	(4-2)	00	(4-3)	(4-4) 00
TAXRATE					
5. <b>Amount of sales tax</b> .....	00	00	00	00	00
6. <b>Excess tax collected</b> .....●(6-1)	00	(6-2)	00	(6-3)	(6-4) 00
7. <b>Total</b> (add lines 5 & 6).....	00	00	00	00	00
8. a. Service fee rate.....					
b. Service fee allowed vendor (only if paid on or before due date).....●(8-1)	00	(8-2)	00	(8-3)	(8-4) 00
9. <b>Sales tax due</b> (line 7 minus line 8B).....	00	00	00	00	00
10. <b>Tax on \$</b> .....	●(10-1)	00	(10-2)	00	(10-3) 00
11. <b>Total tax due</b> (add lines 9 & 10).....(100)	●(11-1)	00	(11-2)	00	(11-3) 00
12. <b>Penalty:</b> .....	(200)	00	(12-2)	00	(12-3) 00
13. <b>Monthly interest rate</b> times line 11.....(300)	●(13-1)	00	(13-2)	00	(13-3) 00
14. <b>Total each tax</b> (add lines 11, 12, & 13).....	00	00	00	00	00
15. <b>TOTAL AMOUNT REMITTED</b> (add all columns on line 14) (See return check policy above) ..... Paid by EFT <input type="checkbox"/> (355) \$ .00					

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