SA	LES INFORMATION	IF USE TAX	RETURN -	COMP	LETE SCHI	EDULE B - 1	BEGIN	THIS SIDE ON LINE	10		
SALES INFORMATION IF USE TAX RETURN - COMPLETE SCHEDULE B - BEGIN THIS SIDE ON LINE 10 (TOTAL RECEIPTS FROM PUEBLO ACTIVITIES MUST BE REPORTED AND											
	GROSS SALES ACCOUNTED FOR IN EVERY RETURN INCLUDE ALL SALES, RENTALS,										
1.	. AND SERVICES LEASES, AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE)										
2 A. ADD: BAD DEBTS COLLECTED											
2 B. TOTAL LINES 1 & 2A										TOTAL	
0	A. NON-TAXABLE (INCLUDED IN ITEM 1 ABOVE) SERVICE SALES										
3.	B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE										
	C. SALES SHIPPED OUT OF (INCLUDED IN ITEM 1) CITY AND / OR STATE										
_	D. BAD DEBITS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)										
D E	E. TRADE-INS FOR TAXABLE RESALE										
Ď	F. SALES OF GASOLINE AND CIGARETTES										
U	G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS										
C	H. RETURNED GOODS I. OTHER DEDUCTIONS (LIST) J.										
T											
0											
N	K.										
S	L								_		
	M.									mo ma v	
3. TOTAL DEDUCTIONS (TOTAL OF LINES 3 A THRU 3 M)										TOTAL	
4. TOTAL CITY NET TAXABLE SALES AND SERVICE (LINE 2B MINUS TOTAL LINE 3)											
COMPUTATION OF TAX											
5 A.	AMOUNT OF CITY SALES T	AX: LINE 4	X 3.5%							TOTAL	
В	. AMOUNT OF LINE 4 SUB	ECT TO LOD	GERS TAX: _			X4.3%					
C.											
D.											
6. ADD: EXCESS TAX COLLECTED											
7. ADJUSTED CITY TAX: ADD (LINES 5A, B, C, D, & 6)											
8. RESERVED											
9. TOTAL TAX (ITEM 7 MINUS 8)										TOTAL	
10.	CITY USE TAX DUE - AMOU	NT SUBJEC	TO TAX:			X 3.5%					
11. TOTAL TAX DUE: (ADD LINES 9 AND 10)										TOTAL	
	LATE FILING IF RET	TURN IS	PENALTY:	10%	A.			ENTER			
12.	FILED AFTER DUE DATE T	HEN ADD:	INTEREST:	:1% mo	B.			TOTAL	<u> </u>		
13. TOTAL TAX, PENALTY AND INTEREST DUE (ADD LINES 11 AND 12)										TOTAL	
ADJUSTMENT PRIOR PERIODS - A- ADD:									lacksquare		
14. ATTACH COPY OF OVER OR UNDER PAYMENT NOTICE D - DEDUCT:							•				
15 MODELL DATE AND DAVIDLE AND STREET									TO THE		
15. TOTAL DUE AND PAYABLE: MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF PUEBLO										TOTAL	
								▼ LISE EO	R AII	REFEREN	CE ▼
ACCOUNT										ICLI LICLI	CL
	NUMBER										
	340		MD		DAM	140	3.75				
	MO PERIOD	MO	YR D	DATE	DAY	MO	YR				
COVERED DUE											
BUSINESS NAME: MAIL TO: CITY OF PUEBLO											
ADDRESS: DO DOY 1/27											

ADDRESS: P.O. BOX 1427
CITY / STATE: PUEBLO, COLORADO 81002

SCHEDULE B - CITY USE TAX The Use Tax Ordinance imposes a tax equal to the rate shown on Line 5A upon the privilege of using, storing, distributing or otherwise consuming tangible personal property purchased, rented or leased. DATE OF NAME OF VENDOR TYPE OF COMMODITY PURCHASE PURCHASE ADDRESS PURCHASED PRICE (A) LIST OF PURCHASES (IF ADDITIONAL SPACE IS 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 FRONT 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 the column headings. If additional space is needed attach schedule in same format. BUSINESS ADDRESSES OF CONSOLIDATED PERIODS TOTAL GROSS PERIODS NET TAXABLE SALES (AGGREGATE TO LINE NUMBERS SALES (AGGREGATE TO LINE ACCOUNTS 1 TOP OF RETURN) 4 TOP OF RETURN) \$ ENTER TOTALS HERE AND ON FRONT OF RETURN \$ NEW BUSINESS DATE 1. If ownership has changed, give date of change and new owner's name. 2. If business has been permanently discontinued, give date discontinued. MO DAY YR 3. If business location has changed, give new address. 4. Records are kept at what address? 5. If business is temporarily closed, give date to be closed. DISCONTINUED DATE 6. if business is seasonal, give months of operation. DAY YR 7. if this return includes sales for more than one location, refer to and MO complete schedule "C". SHOW BELOW CHANGE OF OWNERSHIP, NAME AND/ OR ADDRESS, ETC. I, hereby certify, under penalty of perjury, that the statements made herein are to the best of my knowledge true and correct. COMPANY:____ DATE MAILING ADDRESS TITLE BUS. ADDRESS