city of edgewater

Sales and Use Tax Return

City of Edgewater
c/o Finance Department
2401 Sheridan Blvd.
Edgewater, CO 80214

Phone: 720-763-3003
Fax: 303-238-7192
Email: salestax@edgewaterco.com

Name of Business:	Company Name: (If different)
Physical Address:	Mailing Address: (if different)

City of Edgewater Account #:_____

Report Period: Month_____Year_____

Check here if this is an amended return ❒

1	Gross Sales & Service		6	City Sales Tax 3.5% of Line 5		
2A	Add: Bad Debts Collected		7	Excess Tax Collected		
2B	Total 1 + 2A		8	Adjusted City Tax (Add Lines 6 + 7)		
3	A. Non-taxable Service		9	Service Fee Allowed (2% of line 8 up to $200 max.) Must enter zero if return is late.	0.02	
	B. Sales for Resale		10	TOTAL SALES TAX (line 8 minus line 9)		
	C. Shipped Out of City		11	Use Tax Due (From Schedule "B" Below)	0.035	
	D. Bad Debts		12A	TOTAL TAX DUE (Add Lines 10 & 11)		
	E. Trade-Ins for Resale		12B	Penalty 10% of Total on line 12A if late	0.10	
	F. Gas & Cigarettes		12C	Interest .83% mo. (10% APR) of total line 12A if late.	0.0083	
	G. Government, Religious, Charitable		13	TOTAL TAX , PENALTY & INTEREST (Add Lines 12A & 12B & 12C)		
	H. Returned Goods		14A	*Add		
	I. Prescriptions		14B	*Deduct		
	J. Other Deductions			*Please Use Line 14A or 14B only if you have received notification from the City to do so.		
4	Total Deductions(add lines A -J)					
5	Net Taxable (line 2B minus line 4)		15	TOTAL DUE AND PAYABLE >>>>>>>>>>>>>>>>>>>>>		

SCHEDULE B - CITY USE TAX

The Edgewater Municipal Code (Sec. 4-3-320) imposes a tax on every person who uses, stores or consumes tangible personal property or services purchased inside or delivered into the City.

Date of Purchase	Name of Vendor & Address	Type of Commodity Purchased	Purchase Price
	Total purchase price of property/service subject to City use tax.>>>		
Use second sheet if needed.	Use Tax Due:	Multiply total amount above X 3.5% and enter here.>>>	

IMPORTANT! YOU MUST FILL OUT THE INFORMATION BELOW & SIGN YOUR RETURN. RETURN MUST BE *RECEIVED or POSTMARKED* BY THE 20TH OF THE MONTH FOLLOWING REPORTING PERIOD.

Please check here ❒ if changes to mailing or business address.

Check if Applicable: Business

Closed ❒ Date:_____

I declare under penalties of perjury that the information contained on this form is true and correct to the best of my knowledge.

Signature: _____Date:_____

Print Name:_____Title: _____

Email: _____Phone: _____

Make check payable to:
City of Edgewater

Remit completed form and payment to:
City of Edgewater • 2401 Sheridan Blvd. • Edgewater, CO. • 80214