

TAXPAYER'S NAME AND ADDRESS	
PERIOD COVERED	ACCOUNT NUMBER
DUE DATE	
BUSINESS NAME & ADDRESS	

CITY OF ASPEN
SALES AND LODGING TAX RETURN
Mailing Address: PO BOX 912513 Denver, CO 80291-2513
Physical Address: 130 South Galena St • Aspen, CO 81611

PH: (970) 920-5043

COMPUTATION OF TAX

E-mail: aspen_sales_tax@cityofaspen.com

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

5A. AMOUNT OF CITY SALES TAX: 2.4% OF LINE 4	
5B. ACCOMODATIONS TAX (LODGING): GROSS RENTALS \$ _____ X 2% =	
6. ADD: EXCESS TAX COLLECTED:	
7. ADJUSTED CITY TAX (ADD LINES 5A, 5B & 6)	
8. VENDOR'S FEE DEDUCTION: IF THIS RETURN IS FILED BY THE DUE DATE, ENTER 3.3% OF LINE 7 (DO NOT EXCEED \$50.00).	
9. TOTAL TAX (LINE 7 MINUS LINE 8)	
10.	
11.	
12. LATE FILING <small>(IF RETURN IS FILED AFTER DUE DATE THEN)</small> ADD: PENALTY 10% OF LINE 9 (\$15 MINIMUM) INTEREST PER MONTH 1.5%	ENTER TOTAL →
13. TOTAL TAX/PENALTY/INTEREST DUE (ADD LINES 9 THRU 12)	→
14. ADJUSTMENT PRIOR PERIODS ATTACH AMENDED RETURNS(S) A - ADD B - DEDUCT	
15. TOTAL DUE AND PAYABLE: (MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF ASPEN)	→

Check for change of address, change of ownership, or business closure on reverse side

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

BY _____ PHONE _____
COMPANY _____
_____ TITLE _____ DATE _____



ACCOUNT CHANGE OR CLOSURE FORM

Use this form to notify the City of Aspen of any change in the trade name (or dba), change of business or mailing address, or to notify the City that you want to close your sales tax account. If you are closing your account, please indicate the appropriate reason.

ACCOUNT NUMBER

Authorized Name, Title & Signature	Telephone Number
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TRADE NAME OR ADDRESS CHANGE

CURRENT NAME AND ADDRESS	NEW BUSINESS NAME AND/OR ADDRESS
	Name _____ Address _____ City/St. _____ <input type="checkbox"/> Business Address <input type="checkbox"/> Mailing Address

CHANGE OF OWNERSHIP/BUSINESS CLOSURE

LAST DAY OF BUSINESS: / /	NEW OWNERSHIP INFORMATION
REASON: <input type="checkbox"/> Ownership has changed <input type="checkbox"/> Business has been permanently discontinued <input type="checkbox"/> Business has been sold	Name _____ Address _____ City/St. _____