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 WWW.LAKEWOOD.ORG

SALES AND USE TAX RETURN

TAXPAYER'S NAME AND ADDRESS				PERIOD:			
				DUE DATE:			
				LICENSE #:			
				# of full time employees _____			
				# of part time employees _____			

1	GROSS SALES AND SERVICE		5A	(FROM LINE 4) AMOUNT OF CITY SALES TAX: \$ _____ X 3%		
2A	ADD: BAD DEBTS COLLECTED		5B	HOTEL/MOTEL ACCOMMODATIONS TAX: \$ _____ X 3		
2B	TOTAL OF LINE 1 AND 2A		5C			
DEDUCTIONS	3A	NON-TAXABLE SERVICE SALES	6	ADD: EXCESS TAX COLLECTED:		
	3B	SALES TO OTHER LICENSED DEALERS FOR RESALE	7	TOTAL SALES TAX COLLECTED: ADD LINES 5A, 5B & LINE 6		
	3C	SALES SHIPPED OUT OF LAKEWOOD	8			
	3D	BAD DEBTS CHARGED OFF	9			
	3E	TRADE-INS FOR TAXABLE RESALE	10	CITY USE TAX (FROM SCHEDULE B)		
	3F	SALES OF GASOLINE AND CIGARETTES		PURCHASES SUBJECT TO TAX: \$ _____ X 3%		
	3G	SALES TO GOV'T AND CHARITABLE ORG'S	11	TOTAL TAX DUE ADD LINES 7 & 10		
	3H	RETURNED GOODS	12	IF FILED AFTER THE DUE DATE ADD:	MULTIPLY PENALTY & INTEREST BY LINE 11	10% PENALTY 1.0% INTEREST PER MONTH
	3I	PRESCRIPTION DRUGS	13	TOTAL TAX, PENALTY, AND INTEREST DUE ADD LINES 11 AND 12		
	3J	GROCERY FOOD SALES FOR HOME CONSUMPTION	14	A. ADD: PRIOR PERIOD ADJUSTMENT		
	3K	PUBLIC IMPROVEMENT FEES (NON-TAXABLE PURCHASES)		B. DEDUCT: PRIOR PERIOD ADJUSTMENT (Enter negative number)		
3L	OTHER DEDUCTIONS					
3	TOTAL DEDUCTIONS OF LINES 3A through 3L		15	TOTAL DUE AND PAYABLE ADD LINES 13, 14A & 14B MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF LAKEWOOD		
4	TOTAL CITY NET TAXABLE SALES & SERVICE – SUBTRACT LINE 3 (TOTAL DEDUCTIONS) FROM LINE 2B					

SCHEDULE B – CITY USE TAX	SCHEDULE C – CONSOLIDATED ACCOUNTS
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The Lakewood Municipal Code imposes a tax upon the privilege of using, storing, or otherwise consuming tangible property or taxable services purchased, rented or leased in the City of Lakewood.	This schedule is required in all cases in which the taxpayer files 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.
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DATE OF PURCHASE	NAME OF VENDOR & ADDRESS	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE	ACCOUNT NUMBER	BUSINESS ADDRESS	PERIOD'S TOTAL GROSS SALES	PERIOD'S NET TAXABLE SALES
TOTAL PURCHASE PRICE OF PROPERTY/SERVICE SUBJECT TO CITY USE TAX, ENTER TOTAL HERE AND ABOVE ON LINE 10			LINE 10	ENTER TOTAL HERE AND ABOVE ON LINE 1 AND 4		LINE 1	LINE 4

NOTES

NEW BUSINESS DATE MO DAY YEAR <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>	1. If ownership has changed, give date of change and new owner's name. 2. If business has been permanently terminated, give termination date. 3. If business location has changed give new address. 4. If this return includes sales for more than one location, complete schedule "C". Totals from consolidated breakdown in schedule "C" need to be the same as line 1 and line 4 of the return.	SHOW CHANGE OF OWNERSHIP, NAME AND/OR ADDRESS, ETC. _____ BUSINESS ADDRESS _____ MAILING ADDRESS _____ _____ _____	I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT. SIGNED: PHONE: TITLE: DATE:
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