



**City of Lakewood  
Construction Use Tax Reconciliation**

Date: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

(Please Print)

Permit Number (s): \_\_\_\_\_

Project Name: \_\_\_\_\_

Name of General Contractor: \_\_\_\_\_

Project Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Date of Final Inspection or CO issued: \_\_\_\_\_

**Documentation to Include with this Form**

1. Copy of customer billings
2. Copy of job cost summary
3. Copies of any invoices where Lakewood sales tax was paid

**Construction Use Tax - Reconciliation Calculation**

Total Cost of Construction Materials Used on This Project: **A** \$ \_\_\_\_\_  
(Include costs of materials used by all subcontractors)

Total Cost of Fabrication Labor Performed on This Project: **B** \$ \_\_\_\_\_  
(Include fabrication labor performed by all subcontractors)

Total Cost of Rentals Used on This Project: **C** \$ \_\_\_\_\_  
(Include rentals used by all subcontractors)

Total Taxable **(A+B+C)**: **E** \$ \_\_\_\_\_

Total City of Lakewood Use Tax Due **(E X 3%)**: **F** \$ \_\_\_\_\_

City of Lakewood Use Tax Paid at Time of Deposit: **G** \$ \_\_\_\_\_

City of Lakewood Sales Tax paid on Invoices: **H** \$ \_\_\_\_\_  
(Invoice copies must be provided to receive credit)

Total City of Lakewood Tax Paid **(G + H)**: **I** \$ \_\_\_\_\_

City of Lakewood Additional Use Tax Due / Refund Due **(F - I)**: **J** \$ \_\_\_\_\_

**Building Permit and Plan Check Fees - Reconciliation Calculation**

Original Estimated Valuation: **K** \$ \_\_\_\_\_

Initial Building Permit and Plan Check Fees Paid: **L** \$ \_\_\_\_\_

Final Actual Valuation: **M** \$ \_\_\_\_\_

Recalculated Building Permit and Plan Check Fees: **N** \$ \_\_\_\_\_  
(please contact Revenue Division for Calculation of Fees Due, if final is greater than original)

Additional Building Permit and Plan Check Fees Due **(N-L)**: **O** \$ \_\_\_\_\_

**Total Tax and Fees Due / Refund Due (J+O)**: **P** \$ \_\_\_\_\_

By my signature below, I declare, under the penalty of perjury, that the statements made herein are to the best of my knowledge true and correct.

Signature	Printed Name	Title	Date

Please complete this worksheet and attach any appropriate documentation, and mail to:

**City of Lakewood  
Department of Finance - Revenue Division, Const. Auditor  
480 S. Allison Pkwy  
Lakewood, CO 80226**

If you have any questions about completing this worksheet contact the Revenue Division at: (303) 987-7630