



SALES TAX RETURN

City of Gunnison

P.O. Box 239
Gunnison CO 81230
970-641-8070

DUE DATE: Return, with the remittance, must be filed with the City of Gunnison Finance Department on or before the **20th of the month** following the sale. Make checks payable to **CITY OF GUNNISON**.

Taxpayer's Name and Address:

Phone Number

License Number

Period Covered

Computation of Tax: (round to two decimal places)

- 1. Gross Sales: _____
- 2. Bad Debts Collected: _____
- 3. Adjusted Gross Sales: *(add line 1. and 2.)* _____
- 4. Exempt Sales
 - a. Non-taxable service sales _____
 - b. Sales to other licensed dealers for purposes of taxable resale _____
 - c. Sales shipped out of City _____
 - d. Sales to government, religious, and charitable _____
 - e. Sales of gasoline and cigarettes _____
 - f. Bad debts charged off (on which City tax has been paid) _____
 - g. Returned goods _____
 - h. Discounts/rentals on which tax has been paid _____
 - i. Trade-ins for taxable resales _____
 - j. Sales of drugs by prescription & prosthetic devices _____
- 5. Total Deductions: *(add line 4.a. through j.)* _____
- 6. Total City Net Taxable Sales & Service: *(line 3. minus line 5.)* _____
- 7. Amount of City Sales Tax: *(4% of line 6.)* _____
- 8. Special Marijuana Taxes: *(from Schedule C line 3.)* _____
- 9. Excess Tax Collected: _____
- 10. Adjusted City Tax: *(add lines 7. 8. and 9.)* _____
- 11. Vendors Fee: *(4% of Line 10. if paid by due date)* _____
- 12. Total Sales Tax: *(line 10. minus line 11.)* _____
- 13. City Use Tax: *(from Schedule B)* _____
- 14. Total Tax Due: *(add lines 12. and 13.)* _____
- 15. Penalty: *(\$15 or 10% of line 14., whichever is greater, if paid after due date)* _____
- 16. Interest: *(multiply line 14. by 1.5% per month, if paid after due date)* _____
- 17. **Total Amount Due:** *(add lines 14. 15. and 16.)* _____

CERTIFICATION: I hereby certify, under penalty of perjury, that the foregoing statements are true and correct to the best of my knowledge and belief.

Signature

Title

Date

Schedule B City Use Tax

The Gunnison City Code imposes a tax upon the privilege of using, storing, distributing or otherwise consuming in the City tangible property or taxable services purchased, rented or leased.

| Date of Purchase | Name of Vendor | Type of Commodity Purchased | Purchase Price |
|---|----------------|-----------------------------|----------------|
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| Total purchase price of property subject to city use tax. | | | \$ |
| Use Tax: Multiply above by 4% (Enter total here and on front on line 13.) | | | \$ |

Schedule C Special Marijuana Taxes

1. Special Marijuana Sales Tax *

 a. Gross sales of medical and retail marijuana (inc. infused products) _____

 b. Exempt sales of marijuana (see line 4. on front for allowable exemptions) _____

 c. Total City Net Taxable Sales & Service: (line 1.a. minus line 1.b.) _____

 d. Special Marijuana Sales Tax: (5% of line 1.c.) _____

2. Marijuana Excise Tax

 a. Cultivation or manufacturing sales to establishments outside City _____

 b. Marijuana Excise Tax: (5% of line 2.a.) _____

3. Total Special Marijuana Taxes: _____

 (add line 1.d. & line 2.b. - Enter total here and on front on line 8.)

* Please note these taxes are in addition to the 4% City sales tax on marijuana sales

Schedule D Supplemental Information

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| 1. If ownership has changed, give date of change and new owner's name. | |
| 2. If business has been discontinued, give date. | |
| 3. If business location has changed, give new address. | |
| 4. Records are kept at what address? | |
| 5. If business is temporarily closed, give dates to be closed. | |
| 6. If business is seasonal, give months of operation. | |