



CITY OF FORT MORGAN

USE TAX RETURN

This return is to be used by any person engaged in the business of selling tangible personal property or furnishing of any services taxable pursuant Article 20, title 39, C.R.S., 1973 and do not have a permanent address in the city limits of the City of Fort Morgan.

This return for the month of \_\_\_\_\_, \_\_\_\_\_ City Tax no. \_\_\_\_\_

Name \_\_\_\_\_ Mailing address \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. GROSS SALES AND SERVICES. .... \_\_\_\_\_

2. LESS DEDUCTIONS: a. Sales for resale. .... \_\_\_\_\_

b. Tax exempt sales. .... \_\_\_\_\_

c. Sales out of taxing area. .... \_\_\_\_\_

d. Total deductions a + b + c. .... \_\_\_\_\_

3. NET TAXABLE SALES ( line 1 less line 2 d ). .... \_\_\_\_\_

4. AMOUNT OF SALES TAX ( 5% OF LINE 3 ). .... \_\_\_\_\_

5. ADD EXCESS TAX COLLECTED. .... \_\_\_\_\_

6. TOTAL TAX COLLECTED ( line 4 + line 5 ). .... \_\_\_\_\_

7. DEDUCT VENDORS FEE ( 3 1/3 % of line 6 ) ( only if paid on or before due date ). .... \_\_\_\_\_

8. TOTAL SALES TAX DUE THE CITY ( Line 6 less line 7 ) .... \_\_\_\_\_

*(make checks payable to the City of Fort Morgan)*

Mail to: City of Fort Morgan  
P O Box 100  
Fort Morgan, CO 80701

TAX DUE ON OR BEFORE  
10<sup>TH</sup> OF EACH MONTH

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

NAME OF COMPANY

SIGNATURE

DATE

*When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.*