



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
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

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.	