PERIOD COVERED		ACCOUNT NUMBER		TOWN OF SILVERTHORNE
DUE DATE				SALES TAX RETURN
TAXPAYER NAME AND ADDRESS				FINANCE DEPARTMENT - TOWN OF SILVERTHORNE - PO BOX 1309 SILVERTHORNE, CO 80498
				(970) 262-7302 tax@silverthorne.org
1. GROSS SALES AND SERVICE *				COMPUTATION OF TAX
2A. ADD: BAD DEBTS COLLECTED				5A. AMOUNT OF TOWN SALES TAX 2.0% OF LINE 4
2B. TOTAL LINES 1 & 2A 3. A. NON-TAXABLE SERVICE SALES (included in LINE 1)				5B. AMOUNT OF LINE 4 SUBJECT TO LODGING TAX 8.0% OF LINE 4 6. ADD EXCESS TAX COLLECTED
· · · ·				7. ADJUSTED TOWN TAX: (ADD LINES 5A, 5B AND 6)
B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE				8A. PENALTY 10% (MINIMUM \$15.00 PENALTY)
C. SALES SHIPPED OUT OF TOWN AND/OR STATE				8B. INTEREST 1.5% PER MONTH
(included in LINE 1) D. BAD DEBTS CHARGED OFF (on which Town sales tax				9. MANDATORY PAPER FILING FEE - EFFECTIVE JANUARY 1, 2024 25.00 10. TOTAL FEES (ADD LINES 8A, 8B AND 9)
E. TRADE-INS FOR TAXABLE RESALE				11. TOTAL TAXES AND FEES DUE (ADD LINES 7 AND 10) 12. A - ADD ADJUSTMENTS FOR PRIOR PERIODS (ATTACH COPY)
F. SALES OF GASOLINE AND CIGARETTES				B - DEDUCT ADJUSTMENTS FOR PRIOR PERIODS (ATTACH COPY)
0				13. TOTAL DUE AND PAYABLE (ADD LINE 11 AND 12A. SUBTRACT LINE 12B)
G. SALES TO GOVERNMENTAL, RELIGIOUS, AND CHARITABLE ORGANIZATIONS				
H. RETURNED GOODS				
I. PRESCRIPTION DRUGS / PROSTHETIC DEVICES			MAKE CHECK OR MONEY ORDER PAYABLE TO TOWN OF SILVERTHORNE	
			SPECIAL MESSAGE TO AND FROM TOWN / TAXPAYER	
J. ACCOMODATIONS IN EXCESS OF 30 DAYS		_	CHECK HERE FOR PERMANENT BUSINESS CLOSURE / CHANGE OF OWNERSHIP	
K. OTHER DEDUCTIONS TOTAL DEDUCTIONS (A THRU K)				CHECK HERE IS CHANGE OF ADDRESS / PHONE NUMBER / FAX NUMBER * TOTAL RECEIPTS FROM TOWN ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INC. ALL SALES, RENTALS, LEASES AND
4. TOTAL TOWN NET TAXABLE SALES & SERVICES (2B MINUS 3)				ALL SERVICES BOTH TAXABLE AND NON-TAXABLE
DATED ACCOUNTS REPORT				SHOW BELOW CHANGE OF OWNERSHIP AND/OR ADDRESS, ETC.
This schedule is required in all cases in which the taxpayer makes 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.				
ACCOUNT NUMBER	BUSINESS NAME (OF	TOTAL GROSS SALES	PERIODS NET TAXABLE	
	CONSOLIDATED ACCOUNTS)	(AGGREGATE TO LINE 1 OF RETURN)	SALES (AGGREGATE TO LINE 4 OF RETURN)	
			OI RETURN)	
				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.
				BY
				TITLE
				COMPANY
ENTER TOTALS US	E AND ON TOP OF BETTIES			PHONE
ENTER TOTALS HERE AND ON TOP OF RETURN DATE				DATE