

SCHEDULE A - CERTIFICATION/SALES/COMPUTATION OF TAX				FRISCO TAX RETURN	
Period:	Acc't Number:	BUSINESS NAME:	BUSINESS ADDRESS:		TOWN OF FRISCO PO Box 4100, 1st & Main St. Frisco, CO 80443 (970) 668 - 9127
Due Date:	Date:	I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE HEREIN ARE TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT (SIGNATURE):			
PREPARER'S NAME (PRINT):	PHONE:				
1.) GROSS SALES/SERVICE (TOTAL RECEIPTS FROM TOWN ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INC. ALL SALES, RENTALS AND LEASES, AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE.)			5.) AMOUNT OF TOWN SALES TAX (2.00% OF LINE 4)		
2A.) ADD - BAD DEBTS COLLECTED			6.) ADD EXCESS SALES TAX COLLECTED		
2B.) TOTAL LINES 1 & 2A			7.) ADJUSTED TOWN SALES TAX (ADD LINES 5 & 6)		
3A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE)			8.) VENDOR'S FEE DEDUCTION (3.33% OF LINE 7 - ONLY IF PAID ON OR BEFORE DUE DATE - NOT TO EXCEED \$300)		
3B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE			9.) TOTAL SALES TAX DUE (SUBTRACT LINE 8 FROM LINE 7)		
3C. SALES SHIPPED OUT OF TOWN AND/OR STATE (INCLUDED IN ITEM 1 ABOVE)			10.) NET TAXABLE LODGING SALES		
3D. SALES OF GASOLINE AND CIGARETTES			11.) AMOUNT OF TOWN LODGING TAX (2.35% OF LINE 10)		
3E. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS			12.) TOTAL SALES & LODGING TAX DUE (ADD LINES 9 & 11)		
3F. RETURNED GOODS			13.) INTEREST AND PENALTIES: TO BE ASSESSED ON TAX DUE BUT NOT REMITTED BY THE DUE DATE		13A.) INTEREST PER MONTH OVERDUE (1.5% OF LINE 12) 13B.) IF TAX DUE ≤ \$150, PENALTY = \$15, IF TAX DUE > \$150, PENALTY = 10% OF LINE 12
3G. PRESCRIPTION DRUGS/PROSTHETIC DEVICES			14.) TOTAL TAX, PENALTY AND INTEREST DUE (ADD LINES 12, 13A AND 13B)		
3H. OTHER DEDUCTIONS (PLEASE LIST) - SEE TOWN CODE, CHAP. 160 - TAXATION: ARTICLE I, SECTIONS 1.3 AND 8.10			15.) ADJUSTMENT PRIOR PERIODS		A. ADD B. DEDUCT
3.) TOTAL DEDUCTIONS (TOTAL LINES 3A-H)			16.) TOTAL TAX DUE AND PAYABLE (MAKE CHECK PAYABLE TO TOWN OF FRISCO)		
4.) NET TAXABLE SALES AND SERVICES (SUBTRACT LINE 3 FROM LINE 2B)					
PLEASE BE SURE TO REPORT ANY CHANGES TO BUSINESS INFORMATION ON THE BACK OF THIS COUPON. THANK YOU!					

SPECIAL MESSAGE FROM TAXPAYER TO TOWN

SCHEDULE B - CHANGES TO BUSINESS INFORMATION (IF APPLICABLE)			
NEW BUSINESS DATE MM DD YY _____	DISCONTINUED DATE MM DD YY _____	SHOW BELOW CHANGE OF OWNERSHIP NAME, ADDRESS, ETC.	
1.) If ownership has changed, give date of change and new owner's name.		_____	
2.) If business has been permanently discontinued, give date discontinued.		_____	
3.) If business location has changed, give new address.		_____	
4.) Records are kept at what address? _____		_____	
5.) If business is temporarily closed, give date to be closed.		_____	

SCHEDULE C - CONSOLIDATED ACCOUNTS REPORT (IF APPLICABLE)			
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. If additional space is needed attach schedule in same format.			
ACCOUNT NUMBER	BUSINESS ADDRESS OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO LINE 1 ABOVE)	PERIODS NET TAXABLE SALES (AGGREGATE TO LINE 4 ABOVE)
ENTER TOTALS HERE AND ABOVE			