SCHEDULE A - CERTIFICATION/SALES/COMPUTATION OF TAX					FRISCO TAX RETURN	
Period:	Acc't Number:	BUSINESS NAME:		BUSINESS ADDRESS:	TOWN OF FRISCO	
Due Date:	Date:	1			PO Box 4100, 1st & Main St.	
PREPARER'S NAME (PRINT):	PHONE:	I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE BEST OF MY KNOWLEDGE TRUE AND CORRECT (SIGNAT			Frisco, CO 804	43
					(970) 668 - 9127	
1.)GROSS SALES/SERVICE (TOTAL F AND ACCOUNTED FOR IN EVERY RE ALL SERVICES BOTH TAXABLE AND	ETURN INC. ALL SALES, RENTALS AN		5.) AMOUNT OF TOWN SALES TAX	(2.00% OF LINE 4)		
2A.) ADD - BAD DEBTS COLLECTED				6.) ADD EXCESS SALES TAX COLLE	CTED	
2B.) TOTAL LINES 1 & 2A				7.) ADJUSTED TOWN SALES TAX (A	ADD LINES 5 & 6)	
3A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE)				8.) VENDOR'S FEE DEDUCTION (3.3	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				9.) TOTAL SALES TAX DUE (SUBTRACT LINE 8 FROM LINE 7)		
TAXABLE RESALE 3C. SALES SHIPPED OUT OF TOWN AND/OR STATE (INCLUDED IN ITEM			†			
1 ABOVE)			10.) NET TAXABLE MMJ SALES			
3D. SALES OF GASOLINE AND CIGARETTES				11.) AMOUNT OF MMJ EXCISE TAX (5.0% OF LINE 10)		
3E. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE			1	12.) TOTAL SALES & MMJ EXCISE TAX DUE (ADD LINES 9 & 11)		
ORGANIZATIONS			1	13.) INTEREST AND PENALTIES: TO	13A.) INTEREST PER MONTH	
3F. RETURNED GOODS				BE ASSESSED ON TAX DUE BUT	OVERDUE (1.5% OF LINE 12)	
3G. PRESCRIPTION DRUGS/PROSTI	HETIC DEVICES			NOT REMITTED BY THE DUE DATE	13B.) IF TAX DUE ≤ \$150, PENALTY = \$15, IF TAX DUE > \$150, PENALTY = 10% OF LINE	
3H. OTHER DEDUCTIONS (PLEASE LIST) - SEE TOWN CODE, CHAP. 160 -			1	14.) TOTAL TAX, PENALTY AND INTEREST DUE (ADD LINES 12, 13A		
TAXATION: ARTICLE I, SECTIONS 1.3 AND 8.10				AND 13B)	A ADD	
3.) TOTAL DEDUCTIONS (TOTAL LINES 3A-H)				15.) ADJUSTMENT PRIOR PERIODS	A. ADD B. DEDUCT	
4.) NET TAXABLE SALES AND SERVICES (SUBTRACT LINE 3 FROM LINE 2B)				16.) TOTAL TAX DUE AND P PAYABLE TO TOWN OF FRIS	·	
PLEASE BE SURE TO REPORT ANY CHANGES TO BUSIN			L NESS INFORM.	RMATION ON THE BACK OF THIS COUPON. THANK YOU!		
SPECIAL MESSAGE FROM TAXPAYER TO TOWN						
SCHEDULE B - CHANGES TO BUSINESS INFORMATION (IF APPLICABLE)						
NEW BUSII	NESS DATE DISCONTIL		SHOW BELOW CHANGE OF OWNERSHIP NAME, ADDRESS, ETC.			
MM DD YY MM DD YY				SHOW BELOW CHANGE OF OWNEROTH NAME, ADDICESS, ETC.		
1.) If ownership has changed, give date	•					
2.) If business has been permanently di						
3.) If business location has changed, gi						
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 CONSOL			IDATED ACCO	DUNTS PERIODS TOTAL GROSS S	ALES (AGGREGATE TO PERIODS NET TAXAB TO LINE 4 ABOVE)	LE SALES (AGGREGATE
I		ENTER	R TOTALS HER	E AND ABOVE		