

CITY OF WHEAT RIDGE

(303) 235-2820

7500 W. 29th Ave

Wheat Ridge, CO 80033

ADMISSIONS TAX RETURN

Please round all amounts to the nearest dollar.

BUSINESS NAME:

LICENSE NUMBER:

BUSINESS LOCATION:

PERIOD COVERED:

MAILING ADDRESS:

DATE DUE:

(1) Gross receipts from admissions	\$	_____	.00
(2) SUBTRACT Deductions:			
(a) Sales to Federal, State or local governments	\$	_____	.00
(b) Sales to religious or charitable organizations*	\$	_____	.00
(c) Tax included in gross sales amount	\$	_____	.00
(d) Other (explain)	\$	_____	.00
(e) Total deductions (sum lines 2a through 2d)	— \$	_____	.00
(3) Net taxable admissions (line 1 minus line 2e)	\$	_____	.00
(4) Tax of 4% (line 3 x .04)	\$	_____	.00
(5) ADD Excess tax collections (If the amount of tax collected is more than line 3, subtract line 3 from the actual amount of tax collected and enter it here.)	\$	_____	.00
(6) Net admissions tax due (line 4 plus line 5)	\$	_____	.00
7(a) Late filing penalty 10% (line 6 x .10)	\$	_____	.00
7(b) Late filing interest 1% (line 6 x .01 x number of days/30)	\$	_____	.00
7(c) Total penalty and interest (sum lines 7a and 7b)	\$	_____	.00
(8) Adjustments from prior returns (add debit, subtract credit)	\$	_____	.00
(9) Total Due & Payable (total of lines 6, 7c and 8)	\$	_____	.00
(10) AMOUNT PAID (enter amount)	\$	_____	.00

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

Signature of Taxpayer/Agent _____ Title _____

Name of Business _____ Date _____

THE RETURN MUST BE SIGNED. PLEASE MAKE CHECKS PAYABLE TO THE CITY OF WHEAT RIDGE.

* Sales to religious, charitable or non-profit organizations are exempt only if the organization possesses a City of Wheat Ridge Exempt Organization License.