

# CITY OF GREENWOOD VILLAGE

P.O. BOX 4837 (303) 773-0252  
GREENWOOD VILLAGE, CO 80155-4837

**THIS RETURN MUST BE FILED  
EVEN IF NO TAX IS DUE**

TAX BASE					
LINE	DESCRIPTION	1ST MONTH	2ND MONTH	3RD MONTH	TOTAL
A	NUMBER OF EMPLOYEES FROM WHOM TAX WAS WITHHELD				
B	NUMBER OF EMPLOYEES FOR WHOM BUSINESS MUST MATCH				
C	NUMBER OF TAXABLE OWNERS, PARTNERS, MANAGERS AND OFFICERS				

ACCOUNT NUMBER	PERIOD COVERED	DUE DATE
GREENWOOD VILLAGE OCCUPATIONAL PRIVILEGE TAX RETURN		

STATEMENT ON REVERSE SIDE MUST BE SIGNED

TAX COMPUTATION			
LINE	DESCRIPTION	COMPUTATION	
D	TOTAL OF TAX BASE LINE "A" ➔	X \$2.00 =	:00
E	TOTAL OF TAX BASE LINES "B" PLUS "C" ➔	X \$2.00 =	:00
F	TOTAL OF TAX COMPUTATIONS LINES "D" PLUS "E" ➔		:00
G	LATE FILING PENALTY <u>ADD</u> 10% OF LINE "F" ➔		
H	LATE FILING INTEREST <u>ADD</u> 1% OF LINE "F" FOR EACH MONTH DELINQUENT ➔		
I	LESS CREDIT (INCLUDE EXPLANATION) ➔		
J	TOTAL DUE (LINES "F" + "G" + "H" + "I") ➔		
RETURN THIS PART WITH YOUR REMITTANCE			

NOTE: LINE "A" SHOULD BE THE NUMBER OF EMPLOYEES WHO EARNED A MINIMUM OF \$250.00 PER MONTH WHILE WORKING IN THE CITY OF GREENWOOD VILLAGE. LINE "B" SHOULD BE THE SAME AS LINE "A". LINE "C" SHOULD BE THE NUMBER OF "UNPAID" OWNERS, PARTNERS, MANAGERS AND OFFICERS WORKING WITHIN THE CITY OF GREENWOOD VILLAGE.

FOR HELP WITH THIS FORM CALL THE CITY'S TAX LINE AT (303) 486-8299

IF TAX BASE LINE "A" AND "B" ARE NOT THE SAME, EXPLAIN BELOW

INDICATE BY CHECK MARKS AND SHOW AT RIGHT ANY OF THE FOLLOWING CHANGES

- CHANGE OF OWNERSHIP (SHOW DATE AND NEW OWNER)
- BUSINESS DISCONTINUED (SHOW DATE)
- BUSINESS RELOCATED (SHOW NEW ADDRESS)
- BUSINESS TEMPORARILY CLOSED (SHOW CLOSING DATE)
- BUSINESS IS SEASONAL (SHOW MONTHS OF OPERATION, RETURN MUST BE FILED FOR NON-OPERATING MONTHS) LOCATION WHERE RECORDS ARE KEPT

DATE OF CHANGE \_\_\_\_\_

NAME \_\_\_\_\_

(NEW OWNER)

ADDRESS \_\_\_\_\_

SEASONAL MONTHS OF OPERATION \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

READ STATEMENT BELOW AND SIGN YOUR NAME

I/WE DECLARE UNDER THE PENALTY OF PERJURY THAT THIS RETURN HAS BEEN EXAMINED BY ME/US AND TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN MADE IN GOOD FAITH FOR THE PERIOD COVERED PURSUANT TO THE LAWS PERTINENT THERETO AND REGULATIONS ISSUED UNDER AUTHORITY THEREOF.

PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_