SALES TAX DEPARTMENT
PO BOX 202126 - DALLAS, TX 75320-2126
(970) 962-2708 FAX (970) 962-2927
EMAIL: salestaxtax@cityofloveland.org
lovgov.org/salestax

CITY OF LOVELAND
LODGING TAX RETURN

TAXPAYER NAME & ADDRESS	PERIOD	DUE DATE	CITY LICENSE #

ONLINE FILING IS AVAILABLE AT lovgov.org/departments/finance/sales-tax/citizen-access	A ZERO RETURN MUST BE FILED IF NO TAX IS DUE

1.	**RECEIPTS FROM LEASE OR RENTAL OF ACCOMMODATIONS:** (Total receipts (incl. PIF & RSF where applicable), before sales tax from City activity, must be reported incl. all rentals & leases both taxable and non-taxable)		5. Amount of City Lodging Tax: 3% of Line 4	
2A.	ADD: BAD DEBTS COLLECTED		6. ADD: Excess Tax Collected:	
2B.	TOTAL OF LINES 1 AND 2A		7. Adjusted Lodging Tax: (Add lines 5 and 6)	
3. D E D U C T I O N S	A. Bad Debts Charged Off: (on which tax was previously paid)		8A: **Late Filing:** If Return is Filed After Due Date Then Add: — **Penalty:** 10% of line 7 or $15, whichever is greater ☞	
	B. Sales to Governmental, Religious, and Charitable Organizations:		8B: — **Interest:** 1% per Month of line 7 ☞	
	C. Lodging over 30 days		9. Total Lodging Tax Due: (add lines 7, 8A, 8B)	
	D. Advance Pay (not exceeding $75.00 per week)		10. Adjustments Prior Periods: (attach notice)	
	E. Other (Please list):		**TOTAL DUE & PAYABLE:** Payable to: CITY OF LOVELAND	
	TOTAL DEDUCTIONS (Lines 3A - 3E)			
4.	TOTAL NET TAXABLE ACCOMODATIONS: (Line 2B minus total deductions)			

SHOW BELOW ANY CHANGE OF BUSINESS NAME, OWNERSHIP, OR ADDRESS	I, hereby certify, under penalty of perjury, that the statements made herein are to the best of my knowledge true and correct.
_____ _____ _____ _____ ☐ BUS. ADDRESS ☐ MAILING ADDRESS	Name: _____ Signature: _____ Phone: _____ E-Mail: _____ Date: _____
DATE OF BUSINESS CLOSURE OR SALE:	

Revised November 2025