



SALES TAX DEPARTMENT
PO BOX 202126 - DALLAS, TX 75320-2126
(970) 962-2708 FAX (970) 962-2927
EMAIL: salestax@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)		
8A: 8B: 9. 10. TOTAL DUE & PAYABLE: Payable to: CITY OF LOVELAND		Late Filing: If Return is Filed After Due Date Then Add: Interest: 1% per Month of line 7	
3. A. Bad Debts Charged Off: D (on which tax was previously paid)			
E. Sales to Governmental, Religious, D and Charitable Organizations:			
U. C. Lodging over 30 days			
C. Advance Pay T (not exceeding \$75.00 per week)			
I. E. Other (Please list): O N S			
TOTAL DEDUCTIONS (Lines 3A - 3E)			
4. TOTAL NET TAXABLE ACCOMMODATIONS: (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.
<hr/> <hr/> <hr/> <hr/>	
<input type="checkbox"/> BUS. ADDRESS <input type="checkbox"/> MAILING ADDRESS	Name: _____
DATE OF BUSINESS CLOSURE OR SALE:	Signature: _____
	Phone: _____
	E-Mail: _____
	Date: _____