

CENTERRA RETAIL SALES FEE CORPORATION
 RETAIL SALES FEE ADMINISTRATION
 C/O CITY OF LOVELAND SALES TAX ADMINISTRATION
 PO BOX 1405 • LOVELAND, CO 80539
 (970) 962-2708

RSF PAYMENT FORM

	PERIOD	DUE DATE	CITY ACCT #
	COMPUTATION OF RETAIL SALES FEE		

1.	GROSS SALES and SERVICES	
2.	Less Sales/Services not subject to the Retail Sales Fee (Retain your records for three years)	
3.	Net Sales Subject to Retail Sales Fee (Line 1 minus Line 2)	
4.	Retail Sales Fee Collected (1.0% of Line 3)	
5.	Excess Retail Sales Fee Collected	
6.	Total Retail Sales Fee Due and Payable (Add Line 4 and Line 5)	
7.	Adjustments ADD (Additional Amount Due) Prior Periods Deduct (Credit Due to Merchant)	
8.	Late Filing Penalty: 10% of line 6 or \$15.00 whichever is greater Interest: 1% of line 6 per month	
9.	TOTAL RETAIL SALES FEE DUE AND PAYABLE Payable to: CENTERRA RETAIL SALES FEE CORPORATION	

RSF Payment Form Instructions

- Line 1: Report all sales made during the period covered
- Line 2: Deduct only those exempted sales allowed. These exemptions are the same as the City of Loveland's sales tax exemptions.
- Line 3: To calculate sales subject to RSF subtract Line 2 from Line 1
- Line 4: To calculate the RSF due, multiply Line 3 by 1.0%
- Line 5: Any excess RSF collected must be reported on Line 5 and remitted
- Line 6: To calculate the total RSF due, add Line 4 and Line 5
- Line 7: Add or deduct any under or overpayment from previous periods
- Line 8: Add 10% or \$15.00 whichever is greater and Interest is calculated at 1% per month
- Line 9: To calculate, total RSF due, add Line 6, 7 and 8

Make Checks Payable To: CENTERRA RETAIL SALES FEE CORPORATION

NEW BUSINESS DATE MO. DAY YEAR DISCONTINUED DATE MO. DAY YEAR	1.If ownership has changed, give date of change and new owner's name. 2.If business has been permanently discontinued, give date discontinued. 3.If business location has changed, give new address. 4.If business is temporarily closed, give dates to be closed. 5.If business is seasonal, give months of operation.	SHOW BELOW CHANGE OF OWNERSHIP, NAME AND/OR ADDRESS, ETC _____ _____ _____ _____ <input type="checkbox"/> BUS. ADDRESS <input type="checkbox"/> MAILING ADDRESS	I, hereby certify, under penalty of perjury, that the statements made herein are to the best of my knowledge true and correct. By: _____ Company: _____ Phone: _____ Title: _____ Date: _____
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