



SALES TAX DIVISION  
PO BOX 0845 - LOVELAND, CO 80539-0845  
(970) 962-2708 FAX (970) 962-2927  
EMAIL: [salestax@cityofloveland.org](mailto:salestax@cityofloveland.org)  
[www.lovelandgovernment.org/salestax](http://www.lovelandgovernment.org/salestax)

**CITY OF LOVELAND**  
**LODGING TAX RETURN**

<b>TAXPAYER NAME &amp; ADDRESS</b>	<b>PERIOD</b>	<b>DUE DATE</b>	<b>CITY LICENSE #</b>

<b>ONLINE FILING IS AVAILABLE AT</b> <a href="http://www.cityofloveland.org/services/finance/sales-tax/online-portal-citizen-access">www.cityofloveland.org/services/finance/sales-tax/online-portal-citizen-access</a>	<b>A ZERO RETURN MUST BE FILED IF NO TAX IS DUE</b>
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1. <b>RECEIPTS FROM LEASE OR RENTAL OF ACCOMMODATIONS:</b> (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	
	6. ADD: Excess Tax Collected:	
	7. Adjusted Lodging Tax: (Add lines 5 and 6)	
2A. ADD: BAD DEBTS COLLECTED		
2B. TOTAL OF LINES 1 AND 2A		
3. <b>A. Bad Debts Charged Off:</b> <b>D</b> (on which tax was previously paid) <b>E</b> <b>B. Sales to Governmental, Religious, and Charitable Organizations:</b> <b>D</b> <b>U</b> <b>C. Lodging over 30 days</b> <b>C</b> <b>D. Advance Pay</b> <b>T</b> (not exceeding \$75.00 per week) <b>I</b> <b>E. Other (Please list):</b> <b>O</b> <b>N</b> <b>S</b>	8A: <b>Late Filing:</b> If Return is Filed After Due Date Then Add: <b>Penalty:</b> 10% of line 7 or \$15, whichever is greater	
	8B: <b>Interest:</b> 1% per Month of line 7	
	9. Total Lodging Tax Due: (add lines 7, 8A, 8B)	
	10. Adjustments Prior Periods: (attach notice)	
	<b>TOTAL DUE &amp; PAYABLE:</b> 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 _____ _____ _____ _____ _____ <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.  Name: _____ Signature: _____ Phone: _____ E-Mail: _____ Date: _____
DATE OF BUSINESS CLOSURE OR SALE:	