PROMENADE SHOPS - 10220472 LLC
RETAIL SALES FEE ADMINISTRATION
C/O CITY OF LOVELAND SALES TAX ADMINISTRATION
PO BOX 1386・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 Prior Periods — ADD (Additional Amount Due)	
	Deduct (Credit Due to Merchant)	
8.	Late Filing Penalty — 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: PROMENADE SHOPS 10220472 LLC**	

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: PROMENADE SHOPS 10220472 LLC

NEW BUSINESS 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	I, hereby certify, under penalty of perjury, that the statements made herein are to the best of my knowledge true and correct.
DISCONTINUED DATE MO. DAY YEAR			By: _____ Company: _____ Phone: _____ Title: _____ Date: _____

☐ BUS. ADDRESS ☐ MAILING ADDRESS