SCHEDU	LE A - CERTIF Januar					
Period:	Acc't Number:	y 2023 to December 2024 BUSINESS NAME: BUSINESS ADDRESS:		TOWN OF FRISCO	TOWN OF FRISCO	
Due Date:	Date:			PO Box 4100, 1st & Main St.		
PREPARER'S EMAIL:		BUSINESS MAILING ADDRESS:		Frisco, CO 80443 (970) 668 – 9127		
PREPARER'S NAME (PRINT):	PHONE:		PENALTY OF PERJURY THAT THE STATEMENTS BEST OF MY KNOWLEDGE TRUE AND CORRECT	soled@townoffrisco.com		
1.) GROSS SALES/SERVICE (TC MUST BE REPORTED AND ACC ALL SALES, RENTALS AND LEA TAXABLE AND NON-TAXABLE.)	COUNTED FOR IN EVE SES, AND ALL SERVI	RY RETURN INC.	5.) AMOUNT OF TOWN SALES TAX (2.0	00% OF LINE 4)		
2A.) ADD - BAD DEBTS COLLEC			6.) ADD EXCESS SALES TAX COLLECT	TED		
2B.) TOTAL LINES 1 & 2A			7.) ADJUSTED TOWN SALES TAX (ADE	D LINES 5 & 6)		
3A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE)			8.) VENDOR'S FEE DEDUCTION (3.33% BEFORE DUE DATE - NOT TO EXCEED			
3B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE			9.) TOTAL SALES TAX DUE (SUBTRAC	T LINE 8 FROM LINE 7)		
3C. SALES SHIPPED OUT OF TOWN AND/OR STATE (INCLUDED IN ITEM 1 ABOVE)			10.) NET TAXABLE LODGING SALES			
3D. SALES OF GASOLINE AND CIGARETTES			11.) AMOUNT OF TOWN LODGING TAX	((2.35% OF LINE 10)		
3E. SALES TO GOVERNMENTA CHARITABLE ORGANIZATIONS			12.) TOTAL SALES & LODGING TAX DU	JE (ADD LINES 9 & 11)		
3F. RETURNED GOODS			я	3A.) PAPER FILING FEE \$5 PER \$5 RETURN EFFECTIVE 1/1/2023	,	
			BE ASSESSED ON TAX DUE BUT	13B.) IF TAX DUE ≤ \$150, PENALTY = \$15, IF TAX DUE > \$150, PENALTY		
G. PRESCRIPTION DRUGS/PROSTHETIC DEVICES			c	13C.) INTEREST PER MONTH OVERDUE (1.5% OF LINE 12 & LINE 13A)		
3H. OTHER DEDUCTIONS (PLEASE LIST) - SEE TOWN CODE, CHAP. 160 - TAXATION: ARTICLE I, SECTIONS 1.3 AND 8.10			14.) TOTAL TAX, PAPER FILING FEE, P LINES 12, 13A, 13B AND 13C)			
3.) TOTAL DEDUCTIONS (TOTAL LINES 3A-H)			15.) ADJUSTMENT PRIOR PERIODS A	A. ADD 3. DEDUCT		
4.) NET TAXABLE SALES AND SERVICES (SUBTRACT LINE 3 FROM LINE 2B)			16.) TOTAL TAX DUE AND PAYABLE (N OF FRISCO)	IAKE CHECK PAYABLE TO TOWN		

SPECIAL MESSAGE FROM TAXPAYER TO TOWN

SCHEDULE B - CHANGES TO BUSINESS INFORMATION (IF APPLICABLE)						
NEW BUSINESS DATE MM/DD/YYYY:	DISCONTINUED DATE MM/DD/YYYY:	SHOW BELOW CHANGE OF OWNERSHIP NAME, ADDRESS, ETC.:				
 If ownership has changed, give date of change and new owner's name. If business has been permanently discontinued, give date discontinued. 						
3.) If business location has changed, g	give new address.					
 4.) Records are kept at what address? 5.) If business is temporarily closed, give date to be closed. 						

SCHEDULE C - CONSOLIDATED ACCOUNTS REPORT (IF APPLICABLE)							
This schedule is required in all cases in which the taxpayer makes a consolidated return which includes sales made at more than one location. It must be completely filled out and convey							
all information required in accordance with the column headings. If additional space is needed attach schedule in same format.							
ACCOUNT NUMBER	BUSINESS ADDRESS OF CONSOLIDATED ACCOUNTS	PERIODS TOTAL GROSS SALES (AGGREGATE TO	PERIODS NET TAXABLE SALES (AGGREGATE TO				
	ENTER TOTALS HERE AND ABOVE						