



ADMISSION TAX RETURN

**** Effective 07/01/16 ****

NEW MAILING ADDRESS FOR ADMISSION TAX RETURNS:

**City of Sheridan
P.O. Box 173301
Denver, CO 80217-3301
303-762-2200 phone
303-438-3398 fax**

ALL RETURNS DUE TO THE CITY OF THE 20TH OF THE FOLLOWING MONTH

1. REPORT FOR THE MONTH OF:	
2. DUE DATE:	
3. CITY LICENSE NUMBER:	
4. BUSINESS NAME:	
5. ADDRESS:	
6. CITY, STATE, ZIP CODE:	
7. TELEPHONE:	

CALCULATION OF TAX

- 8. EVENT (list below, separately)
- 9. ADMISSIONS (total number)
- 10. TOTAL (multiply line 9 x \$0.25)
- 11. PENALTY (if applicable, **greater** of 15% or \$15)
- 12. INTEREST (if applicable, 10% per month)
- 13. **TOTAL TAX DUE**
(payable to the City of Sheridan)

\$
\$
\$
\$

NAME OF EVENT(S)

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete.

Signature

Title

Date