



# Town of Crested Butte AMENDED Sales Tax Return Form

Business Name: \_\_\_\_\_

Overpayment

Six-Digit License #: \_\_\_\_\_

Underpayment

Period Being Amended: \_\_\_\_\_

Was the original return paid on time? Yes      No

Brief Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REPORTED**

**AMENDED**

1. Gross Sales: \_\_\_\_\_

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2. Total Deductions: \_\_\_\_\_

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3. Net Taxable: \_\_\_\_\_

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4. Sales Tax (4.5% of Line 3): \_\_\_\_\_

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5. Less Vendor Fee (1.5% of Line 4): \_\_\_\_\_  
(If paid on time)

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(If originally paid on time)

6. Penalty: \_\_\_\_\_  
(If paid late)

6. Penalty: \_\_\_\_\_  
(1/2% of Tax Due (Line 4) per Month Late)

7. Interest: \_\_\_\_\_  
(If paid late)

7. Interest: \_\_\_\_\_  
(.00833 x # of Months Late x Line 4)

**TOTAL PAID:** \_\_\_\_\_

**AMENDED TOTAL:** \_\_\_\_\_

I hereby certify under penalty of perjury, that the statements made herein are to the best of my knowledge, true and correct.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

All amended returns are subject to review and approval by the Town of Crested Butte Finance Department. Additional documentation may be requested after initial review. Please email this form along with any requested documentation to [salestax@crestedbutte-co.gov](mailto:salestax@crestedbutte-co.gov)

**For Office Use Only:**

Approved By \_\_\_\_\_

Completed Date: \_\_\_\_\_