

Aurora Occupational Privilege Tax Return

CITY OF AURORA
 Tax & Licensing Division
 PO Box 33001
 Aurora, CO 80041-3001
 (303) 739-7800
 Fax (303) 739-7559
 www.auroragov.org

Account Number	Period Covered	Due Date

Line	DESCRIPTION	1st Month	2nd Month	3rd Month	Total			
A	Number of Employees from whom tax was withheld:							
B	Number of Employees for whom business must match:					Tax Rate	Grand Total	
C	TOTAL (A + B = C)					x \$2.00	\$	C
D	Late Filing Penalty: Line C x 10%						\$	D
E	Late Filing Interest: Line C x 1% per each month delinquent						\$	E
F	Less Credit: (Documentation must be attached)						\$	F
G	Total Due: (Add C + D + E minus F)						\$	G

CHECK ALL BOXES THAT APPLY AND COMPLETE AS NECESSARY

- | | |
|--|--|
| <input type="checkbox"/> Mailing Address Change _____
(For Sales and Use Tax) _____ | <input type="checkbox"/> Mailing Address Change _____
(For License Mailing) _____ |
| <input type="checkbox"/> Mailing Address Change _____
(For OPT) _____ | <input type="checkbox"/> Address Change* _____
(For Location) _____ |
| <input type="checkbox"/> Phone Change () _____ | <input type="checkbox"/> Final Return** _____ |
| <input type="checkbox"/> Cancel OPT Filing Only _____
(Please Explain) _____ | Inactivate Business License _____ |
| | Final Day of Business _____ |

* Change of business location within the city limits requires a change application.

** A new business license is required if the business has changed ownership. Call (303) 739-7057 to request an application or go to www.auroragov.org.

IF NO TAX DUE OR LINES A & B ARE NOT EQUAL EXPLAIN BELOW

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

Signature	Name (Please Print)	Company	Date
Phone Number			

* THIS FORM MUST BE FILED EVEN IF NO TAX IS DUE
 * RETURN THIS ORIGINAL WITH YOUR PAYMENT
 * MAKE CHECK PAYABLE TO **CITY OF AURORA**

INSTRUCTIONS FOR COMPLETING FRONT OF FORM

- LINE A This line should include all employees that receive gross compensation of \$250 or more in a month and work all or part of their time within Aurora. Employees that have furnished form WC/AOPT verifying another employer is withholding would be excluded from this total.
- LINE B This line should include all employees that receive gross compensation of \$250 or more in a month and work all or part of their time within Aurora. This figure should include all employees even though the employee may have another employer that is withholding.
- LINE C This line is a total of the employees on line A and line B multiplied by the tax rate of \$2.00 per month.
- LINE D Include Penalty of 10% if return is not filed by **due date** indicated on the front of form.
- LINE E Include 1% for each month the return is filed after the **due date**.
- LINE F Credits: Include a full explanation of reason for the credit claimed. Attach appropriate documentation with all details.
- LINE G This line is a total of lines C plus D plus E minus F. If you file a tax return showing "NO TAX LIABILITY", please include a full explanation.

WHO ARE EMPLOYEES?

An "Employee" means any person who is subject to income tax withholding pursuant to the provisions of the Federal Internal Revenue Code of 1986, and the regulations promulgated thereunder.

For further help in determining who is an employee for the purpose of OPT withholding and payment please contact the Tax & Licensing Division at (303) 739-7800. You may review information on City Taxes on the Finance Department Web page at [www.auroragov.org].