



**CITY OF LOVELAND**  
REVENUE DIVISION

Civic Center • 500 East Third • Loveland, Colorado 80537  
(970) 962-2708 • FAX (970) 962-2927 • TDD (970) 962-2620

**Business Occupation Tax Return 2026**

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

Sales Tax Account Number: \_\_\_\_\_

DBA: \_\_\_\_\_

FEIN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Return Due: \_\_\_\_\_

|                                                                |  |
|----------------------------------------------------------------|--|
| Gross Accounts (per quarter or per year)                       |  |
| 2026 Rate Per Account (\$5.09 per quarter or \$20.36 per year) |  |
| Tax Due                                                        |  |

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

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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