

# Adams County Carryout Bag Fee Return Instructions

## General Information

Retailers must file a carryout bag fee return quarterly, even if the retailer did not collect over \$20 in carryout bag fees and will not be submitting any money.

The returns and checks should be mailed to the following address:

Adams County Carryout Bag Fee  
ATTN: Accounts Receivable  
4430 S Adams County Pkwy, Suite C4000A  
Brighton CO 80601-8212

## Form Instructions

In preparing a carryout bag fee return, a retailer must include its identifying number (such as legal business name and Colorado account number), the filing period, due date, and authorized representative information and signature. Retailers must enter their Colorado account number, which includes their eight-digit and four-digit site/location numbers on each return and check. If a retailer has multiple locations, a separate return must be filed for each location.

Returns are due on the 20<sup>th</sup> day of the month following the reporting quarter:

1<sup>st</sup> Quarter (January – March) due April 20<sup>th</sup>

2<sup>nd</sup> Quarter (April – June) due July 20<sup>th</sup>

3<sup>rd</sup> Quarter (July – September) due October 20<sup>th</sup>

4<sup>th</sup> Quarter (October – December) due January 20<sup>th</sup>

The return is due the next business day if the 20<sup>th</sup> falls on a Saturday, Sunday, or legal holiday.

**Line 1 – Enter the total amount of carry bag fees collected.**

**Line 2 – The percent of carryout bag fees that are to be submitted to Adams County.**

**Line 3 – Multiply Line 1 and Line 2 to calculate the dollar amount that is to be submitted to Adams County.**

**The retailer's check submitted to Adams County should equal Line 3.**

Legal Business Name \_\_\_\_\_

Colorado Account Number \_\_\_\_\_

Filing Period \_\_\_\_\_ Due Date \_\_\_\_\_

Check here if fees collected are under \$20 and will be remitted next quarter		
1	Carryout Bag Fee Revenue collected for the quarter	
2	Fee Revenue owed to the County	60%
3	Total Due	

Authorized Representative

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_