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 20th day of the month following the reporting quarter:
1st Quarter (January – March) due April 20th  
2nd Quarter (April – June) due July 20th  
3rd Quarter (July – September) due October 20th  
4th Quarter (October – December) due January 20th  
The return is due the next business day if the 20th 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.

<table>
<thead>
<tr>
<th>Legal Business Name</th>
<th>Colorado Account Number</th>
<th>Filing Period Due Date</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th></th>
<th>Check here if fees collected are under $20 and will be remitted next quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Carryout Bag Fee Revenue collected for the quarter</td>
</tr>
<tr>
<td>2</td>
<td>Fee Revenue owed to the County</td>
</tr>
<tr>
<td>3</td>
<td>Total Due</td>
</tr>
</tbody>
</table>

Authorized Representative

Name ___________________________________________  
Title ___________________________________________  
Phone # _________________________________________  
Email ___________________________________________

Signature _______________________________________  
Date ___________________________________________