



**DISPOSABLE BAG TAX RETURN
(QUARTERLY)**

Period Covered:	Due Date:	Foxfield License Number:	
Taxpayer Name			
Taxpayer DBA (Trade Name)			
Mailing Address			
City	State	Zip	

1) Number of Disposable Bags Distributed (exclude disposable bags distributed to customers under federal or state food assistance programs)	1)
2) Disposable Bag Tax Due (line 1 multiplied by \$0.10 per bag)	2)
3) Add: Excess Tax Collected	3)
4) Total Disposable Bag Tax Due (add lines 2 & 3)	4)
5) Less: Vendor Fee Deduction (line 1 multiplied by \$0.04 per bag)	5)
6) Total Adjusted Bag Tax Due (line 4 minus line 5)	6)

Make checks payable to the "Town of Foxfield", or remit payment online at
<https://www.colorado.gov/payment/townoffoxfield>

I declare under penalty of perjury that the statements made herein are true and complete to the best of my knowledge.	
Signature	Date
Company	Title
Phone Number	Email:

Town of Foxfield – PO Box 461450 Foxfield, CO 80046
 Phone: (303) 680-1544