



SPECIAL EVENT SALES TAX RETURN

Due the 20th day of the month following the event

Account #: _____

Business Name: _____

Business Owner (if different): _____

Event: _____

Event Date: _____

Colorado Department of Revenue Sales Tax Account # _____

Gross Sales _____

Less Sales to Exempt Organizations _____

Net Taxable Sales (Gross sales - exempt sales) _____

Sales Tax Due (4% x Net Taxable Sales) _____

Sales Tax Penalty 10% of tax due or \$15, whichever is greater _____

Interest 1.5% of tax due per month for late payments _____

Total Due and Payable (Tax due + Penalties + Interest) _____

The undersigned applicant or authorized agent states under penalties of perjury, that the above information is true and correct to the best of his/her knowledge, information, and belief.

Name (signed) _____

Date _____

Title _____

Phone # _____