



Special Event Sales Tax Return

City of Westminster
Department of Finance
Sales Tax Division

Taxpayer name & address:

DATE(S) OF EVENT: _____

RETURN DUE DATE: _____

(Due the 20th of the month following the event)

EVENT NAME: _____

EVENT LOCATION: _____

1) Amount of Taxable Sales in Westminster
Do not include the amount of tax collected on this line.

2) Amount of Westminster Sales Tax - 3.85% (0.0385) of Line 1
This is the total due. Make check payable to City of Westminster.

Under penalties of perjury, I declare that I have examined this Special Event Sales Tax Return and it is true and correct to the best of my knowledge and belief.

Taxpayer
Signature



Signature

Date

Printed Name

Title

Phone Number

Return this form with Check or Money Order to:

City of Westminster
PO Box 17107
Denver, CO 80217-7107

CITY USE ONLY

ACCT NO: