



## 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 20<sup>th</sup> 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.

Taxpayer  
Signature



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.

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: