



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: