



# City and County of Broomfield

Sales Tax Administration

P.O. BOX 407

BROOMFIELD, CO 80038-0407

303-464-5811

303-410-3802 (fax)

Email: [salestax@broomfield.org](mailto:salestax@broomfield.org)

Web: [www.broomfield.org/salestax/](http://www.broomfield.org/salestax/)

## SPECIAL EVENT SALES TAX RETURN

Taxable sales in the *City and County of Broomfield*, must have a sales tax **ADDED** to the product price. Please select the appropriate taxing district and remit to the jurisdiction accordingly.

	<b>Check the Appropriate Box Below</b>			Send to :
	<input type="checkbox"/> Arista District	<input type="checkbox"/> Flatiron District	<input type="checkbox"/> All Other	
State	2.90%	2.90%	2.90%	State of Colorado. Dept of Rev
RTD/CD	1.10%	1.10%	1.10%	State of Colorado. Dept of Rev
<b>Broomfield</b>	4.15%	4.15%	4.15%	<b>Remit to Broomfield</b>
<b>Special District</b>	0.20%	0.20%	NA	<b>Remit to Broomfield</b>
Total Rate	8.35%	8.35%	8.15%	

Event Name:  Dog Daze  Date of Event:  Sept 8, 2012

Individual or Group Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Broomfield Retail License # (if applicable) \_\_\_\_\_ (See Note 3 below)

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1) Total Amount of Sales: (Before sales tax)	\$ _____
2) Broomfield Sales Tax: (Line 1 X 4.15%) (.0415)	\$ _____
3) Special District Sales Tax (Line 1 X .2%) (.002)	\$ _____
4) Total Sales Tax Due (Line 2 + Line 3)	\$ _____
5) Deduct Vendor Fee: (Line 4 X 3%) (.03), Maximum \$200	\$ (_____)
6) Net sales tax due to Broomfield (Line 4 minus Line 5)	\$ _____

- 1) Within 10 days of the event, mail to the address shown above, with check payable to *City and County of Broomfield*.  
(Do not mail cash)
- 2) Bring return, with check or cash, to Broomfield Municipal Building (Central Records), One DesCombes Dr.  
(3 blocks North of 120<sup>th</sup> Ave and Lamar Street---seven blocks west of 120<sup>th</sup> and Sheridan)

### NOTES:

- 1) Remember to add the full tax rate (**8.15% or 8.35% for special districts location**) to the price of each item, or food/drink sold.
- 2) **Do not include State taxes on this return.** Mail State and RTD taxes to the *Colorado Department of Revenue*. For license and forms: Phone: 303-238-7378 Web: [www.taxcolorado.com](http://www.taxcolorado.com)
- 3) Vendors holding an active *Broomfield Sales Tax License* may choose to remit on their regular monthly return. If this method is chosen, indicate the valid license number on this return in the box above.