



# 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.

### Check the Appropriate Box Below

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Send to :
	Arista Dist	FID Dist	All Other	
State	2.90%	2.90%	2.90%	State of Colorado. Dept of Rev
RTD	1.20%	1.20%	1.20%	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	<u>8.45%</u>	<u>8.45%</u>	<u>8.25%</u>	

Event Name: July 4th Fireworks Date of Event: July 2011

Sales Tax Account # : 1427

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) (complete)	\$ <u>N/A</u>
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 (**8.25% or 8.45% 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.