



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

Web: 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 | | | Send to : |
|-------------------------|--|--------------------------|--------------------------|--------------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Arista District | Flatiron District | 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 |
| Broomfield | 4.15% | 4.15% | 4.15% | Remit to Broomfield |
| Special District | 0.20% | 0.01% | NA | Remit to Broomfield |
| Total Rate | 8.35% | 8.16% | 8.15% | |

Event Name: _____ **Date of Event:** _____

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 (.002) or (.0001)) | \$ _____ |
| 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 120th Ave and Lamar Street---seven blocks west of 120th and Sheridan)

NOTES:

- 1) Remember to add the full tax rate (**8.15%, 8.16% 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
- 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.