



City and County of Broomfield **Sales Tax Administration**

P.O. Box 407

BROOMFIELD, CO 80038-0407

303-464-5811
(fax) 303-410-3802
salestax@broomfield.org
www.broomfield.org/salestax/

SALES TAX REMITTANCE PROCEDURE (City & County of Broomfield tax only) **Special Event Retail Sales**

Dear Special Event Vendor:

The City and County of Broomfield Sales Tax Administration has adopted the following procedure for sales event retail sales:

- The Special Event Sales Tax License is no longer necessary. The organizer of the special event would be required to obtain a sales tax license from the City & County of Broomfield.
- Please find enclosed a Special Event Sales Tax Return. After the event, please fill out enclosed special event sales tax return form, deliver it to the organizer at the end of the special event, or mail it with remittance or zero return to Sales Tax Administration within 10 days to:

City and County of Broomfield
Sales Tax Administration
P.O. Box 407
Broomfield, CO 80038-0407

OR

Deliver the Special Event Sales Tax Return with check or cash or zero return to:

Broomfield City and County Building (Central Records)
One DesCombes Dr.
Broomfield, CO 80020

You may also contact the Sales Tax Department at (303) 464-5811 for questions regarding sales tax remittance or use our website www.broomfieldsalestax.com or email us at salestax@broomfield.org.



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SPECIAL EVENT SALES TAX RETURN

Taxable sales in the *City and County of Broomfield*, must have a sales tax **ADDED** to the product price. **(8.25%)**
Remit only **4.15%** on this return. The balance must be sent to the *Colorado Department of Revenue*:

State of Colorado:	2.9 %	Remit to:	<i>State of Colorado, Dept of Revenue</i>
RTD:	1.2 %	Remit to:	<i>State of Colorado, Dept of Revenue</i>
Broomfield	4.15 %	Remit to:	<i>City and County of Broomfield</i>
Total Rate:	8.25 %		
	=====		

EVENT NAME: _____

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) Amount of City Sales Tax:	(Line 1 X 4.15%) (.0415)	\$ _____
3) Deduct Vendor Fee:	(Line 2 X 3%) (.03) (Not valid on late filings)	\$ (_____)
4) Net sales tax due	(Line 2 minus Line 3)	\$ _____

HOW TO FILE:

- 1) Deliver sales tax return to your organizer at the end of your special event or 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 (8.25%) 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: 303-866-5643 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.