



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 REMITTANCE PROCEDURE (City & County of Broomfield tax only)

Dear Special Event Vendor:

The City and County of Broomfield Sales Tax Administration has adopted the following procedure for special event retail sales in the City & County of Broomfield.

- The Special Event Sales Tax License is no longer necessary. You will not need a Special Event Sales Tax License.
- Please find enclosed a Special Event Sales Tax Return. After the event, please fill out enclosed special event sales tax return form and mail it with remittance or zero return to Sales Tax Administration within 10 days. Please mail to:

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

OR

Deliver the 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.broomfield.org/salestax 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. 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% 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.