



# Special Event Sales Tax Return

City of Westminster  
Department of Finance  
Sales Tax Division

Taxpayer name & address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_

RETURN DUE DATE: \_\_\_\_\_

(Due the 20<sup>th</sup> of the month following the event)

EVENT NAME: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

1) Amount of Taxable Sales in Westminster  
Do not include the amount of tax collected on this line.

2) Amount of Westminster Sales Tax - 3.85% (0.0385) of Line 1  
**This is the total due.** Make check payable to City of Westminster.

Under penalties of perjury, I declare that I have examined this Special Event Sales Tax Return and it is true and correct to the best of my knowledge and belief.

**Taxpayer  
Signature**



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

Return this form with Check or Money Order to:

City of Westminster  
PO Box 17107  
Denver, CO 80217-7107

**CITY USE ONLY**

**ACCT NO:**