



Department of Finance
 Treasury Division
 Tax Compliance – Audit Unit
 201 W Colfax Ave #1009
 Denver, CO 80202
 fax: 720- 913-9455
 www.denvergov.org/treasury

CLAIM FOR EXEMPTION FROM DENVER SALES, USE OR LODGER'S TAX
FOR USE BY HOTELS, MOTELS AND RESTAURANTS
FOR THE FOLLOWING DESCRIBED EVENT

(PLEASE TYPE OR PRINT LEGIBLY)

Organization's Name: _____
 Date of event: _____ Phone #: _____
 Authorized Representative: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Description of Event: _____

Basis of Exemption Religious Charitable Governmental

Indicate if all of the following statements are true for this event:

Yes No

- The purchase is included under, and is part of, the regular religious or charitable functions and activities of the organization, or is purchased in a governmental capacity.
- The transaction is billed directly to the organization and payment is made directly from organization funds. (Purchases of food or lodging by individuals do not qualify for the exemption even though the individual will be reimbursed by the organization or government.)
- The participants at the event have not and will not reimburse the organization in any way for the event such as by purchase of a ticket, payment of a registration fee, or by making an involuntary contribution.

The exemption does not apply to food, beverage or lodging where the recipient of the food, beverage or lodging reimburses the organization in any way, such as by the purchase of a ticket, payment of a fee, or making an involuntary contribution.

ALL OF THE ABOVE STATEMENTS MUST BE TRUE FOR THE PURCHASE TO QUALIFY FOR TAX EXEMPTION

The undersigned declares and affirms that the above statements are true and accepts liability for the tax, should the transaction not qualify for exemption.

Signature: _____ Date: _____
 Print Name: _____ Title: _____

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FOR HOTEL/MOTEL/RESTAURANT USE TO VERIFY EXEMPTION

City of Denver, Treasury Division, Tax Compliance, Audit Unit – (720) 913-9955

Denver exemption verified by _____ Yes ___ No ___ Date _____
 (Hotel employee)

 (City employee)



Standard Home Rule Affidavit of Exempt Sale

This form is required by home rule municipalities within the State of Colorado for any transaction on which an exemption from sales and use tax is claimed. The seller is required to maintain a completed form for each tax-exempt sale.

Furnish this form to the seller. Do not return this form to the taxing jurisdiction.

Purchase Details	<input type="checkbox"/> PURCHASE FOR RESALE - OR - <input type="checkbox"/> PURCHASE FOR WHOLESALE (QUALIFICATIONS MAY VARY BY JURISDICTION - SEE INSTRUCTIONS) STATE LICENSE NUMBER (NOT FEIN NUMBER): _____ EXPIRATION _____ LOCAL LICENSE NUMBER (IF APPLICABLE): _____ ISSUING MUNICIPALITY: _____ <input type="checkbox"/> I AFFIRM ITEMS PURCHASED ARE FOR RESALE/WHOLESALE IN THE ORDINARY COURSE OF BUSINESS. INITIAL _____	
	<input type="checkbox"/> PURCHASE BY RELIGIOUS OR CHARITABLE ORGANIZATION (EXEMPTIONS MAY VARY BY JURISDICTION) STATE TAX EXEMPT NUMBER (NOT FEIN NUMBER): _____ LOCAL TAX EXEMPT NUMBER (IF APPLICABLE): _____ ISSUING MUNICIPALITY: _____ PAYMENT INFORMATION (REQUIRED TO MEET ONE OF THE FOLLOWING): <input type="checkbox"/> PAID BY CASH AND ACCOMPANIED BY A PURCHASE ORDER FROM THE ORGANIZATION <input type="checkbox"/> PAID BY CHECK DRAWN ON FUNDS OF THE EXEMPT ORGANIZATION <input type="checkbox"/> PAID BY PURCHASING CARD BEARING INFORMATION OF THE EXEMPT ORGANIZATION THE EMBOSSSED NAME OF THE CARD IS: _____ <input type="checkbox"/> PAID BY COMMERCIAL CARD NOT A PERSONAL CREDIT CARD - CARD'S LAST FOUR DIGITS: _____	
	<input type="checkbox"/> PURCHASE BY FEDERAL, STATE, OR LOCAL GOVERNMENT CREDIT CARD NUMBER (FIRST SIX AND LAST FOUR ONLY): _____ - _____ XX-XXXX-_____ FEDERAL GOVERNMENT (PAYMENT INFORMATION - REQUIRED TO MEET ONE OF THE FOLLOWING): <input type="checkbox"/> GSA SMARTPAY2 CARD - FLEET CARD WITH PICTURE OF A ROAD AND FLAG <input type="checkbox"/> GSA SMARTPAY2 CARD - PURCHASE CARD WITH PICTURE OF A KEYBOARD AND FLAG <input type="checkbox"/> GSA SMARTPAY2 CARD - TRAVEL CARD WITH PICTURE OF AN AIRPLANE AND FLAG <input type="checkbox"/> GSA SMARTPAY2 CARD - INTEGRATED CARD WITH PICTURE OF AN EAGLE AND FLAG <input type="checkbox"/> DEPT OF INTERIOR AGENCY ISSUED CARD - AGENCY NAME _____ STATE AND LOCAL GOVERNMENT (PAYMENT INFORMATION - REQUIRED TO MEET ONE OF THE FOLLOWING): <input type="checkbox"/> PAID BY CASH AND ACCOMPANIED BY PURCHASE ORDER ISSUED BY THE GOVERNMENT AGENCY <input type="checkbox"/> PAID BY CHECK ISSUED BY AND DRAWN ON FUNDS FROM THE GOVERNMENT AGENCY <input type="checkbox"/> PAID BY GOVERNMENT PURCHASE CARD AS DESIGNATED ON THE CARD STATE TAX EXEMPT NUMBER PRINTED ON THE CARD (COLORADO ONLY): _____ <input type="checkbox"/> CHECK IF THE CARD STATES "FOR OFFICIAL STATE USE ONLY" OR "TAX EXEMPT"	
	<input type="checkbox"/> PURCHASE BY FOREIGN AND DIPLOMATIC EXEMPTIONS (REQUIRED TO MEET THE FOLLOWING): <input type="checkbox"/> PURCHASER PRESENTS A STATE DEPARTMENT ISSUED CARD WITH THE NAME/PHOTO OF THE BEARER ON THE CARD. IF PRESENTED WITH THIS CARD, DOCUMENTATION OF FORM OF PAYMENT IS NOT REQUIRED (EXCLUDING MISSION CARD).	
	<input type="checkbox"/> OTHER QUALIFIED EXEMPTION TYPE OF EXEMPTION: _____ EXEMPT NUMBER: _____	

Purchaser Information	LEGAL NAME OF COMPANY/ORGANIZATION/AGENCY NAME		PURCHASER NAME (PRINTED)	
	ADDRESS		CITY	STATE ZIP + 4
	PHONE	STATE / DRIVERS LICENSE #	DESCRIPTION OF NORMAL COURSE OF BUSINESS	
	Under penalty of perjury, I swear or affirm that the information on this form is true and correct as to every material matter. I affirm that the items purchased tax-exempt will be used for official business of the above-named organization or agency. I accept that I remain directly liable for the taxes and any applicable penalty or interest if my purchase is found to not qualify for the exemption or if the information asserted in this form is deemed fraudulent.			
SIGNATURE			DATE	

Seller Verification	SELLER NAME	LOCATION #	DATE	TRANSACTION ID	EMPLOYEE ID# / INITIALS
	DESCRIPTION OF ITEMS PURCHASED OR ATTACH DUPLICATE RECEIPT/INVOICE				EXEMPTED AMOUNT OF PURCHASE



Sales Tax Exemption Certificate Multi - Jurisdiction

See page 2 for instructions

Last Name or Business Name		First Name		Middle Initial
Address				
City			State	ZIP
I Certify That				
Name of Firm (Buyer)				
Address				
City			State	ZIP
Qualifies As (Check each applicable item)				
<input type="checkbox"/> Wholesaler		<input type="checkbox"/> Retailer		<input type="checkbox"/> Manufacturer
<input type="checkbox"/> Political Subdivision or Governmental Agency		<input type="checkbox"/> Charitable or Religious		
<input type="checkbox"/> Other (Specify)				
If Other, specify here				
1) and is registered with the below listed states and cities within which your firm would deliver purchases to us				
which are for resale or lease by us in the normal course of our business which is <input style="width: 150px;" type="text"/> or				
2) that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is:				
<input type="checkbox"/> Political Subdivision or Governmental Agency		<input type="checkbox"/> Charitable or Religious		<input type="checkbox"/> Otherwise Exempt By Statute (Specify)
If Otherwise Exempt By Statute, specify here				
City or State	State Registration or ID Number	City or State	State Registration or ID Number	
City or State	State Registration or ID Number	City or State	State Registration or ID Number	
City or State	State Registration or ID Number	City or State	State Registration or ID Number	
<p>If the list of states and cities is more than six(6), attach a list to this certificate. I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sale or Use Tax we will pay the tax due direct to proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be called until canceled by us in writing or revoked by the city or state.</p>				
General Description of products to be purchased from seller				
Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.				
Authorized Signature (owner, Partner or Corporate Officer)			Title	Date (MM/DD/YY)