



Special Event Sales Tax Return

Due the 20th day of the month following the event

Name of Business & Owner _____
Event Name & Date (MMDDYY) _____
Colorado Sales Tax License # _____
City of Craig Sales Tax License # _____

1. Gross Sales _____
2. Less Sales to Exempt Organizations: _____
3. Less Other (Please describe) _____
4. Net Taxable Sales (line 1 minus line 2 & 3) _____
5. Tax Due = 4.0% of line 4 _____
6. 10% Penalty or \$15.00 Minimum for Late Payments _____
7. 1.5% Interest Per Month for Late Payments _____
8. Total Tax Due (Line 5 plus Lines 6 & 7) _____

The undersigned applicant or authorized agent states under penalties of perjury, that the above information is true and correct to the best of his/her knowledge, information and belief.

Signature _____ Date _____
Print Name _____ Phone # _____

ATTACH YOUR SPECIAL EVENT LICENSE TO THIS RETURN

300 W 4th Street
Craig, CO 81625

Finance Department
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