

SPECIAL EVENT SALES TAX RETURN

Town of Crested Butte

Sales Tax Department
Post Office Box 39, 507 Maroon Ave.
Crested Butte, Co 81224
(970) 349-5338 Fax: (970) 349-6626
tinac@crestedbutte-co.gov

Business Name: _____

Address _____

City, St Zip _____

Contact Name _____

Contact Phone# _____

Event Name _____

Event Date(s) _____

Return & payment due by the 20th of the followin

1. Gross sales and services	\$
2. Deductions (must explain in detail)	\$
3. Net Taxable Sales (line 1 - line 2)	\$
4. Amount of Town Sales Tax (4.5% of line 3)	\$
5. Deduct 1.5% of line 4 (vendor fee allowed if paid on time)	\$
6. Total Amount Due (Line 4 minus line 5)	\$

I hereby certify under penalty of perjury, that the statements made herein are to the best of my knowledge, true and correct.

Date: _____ Printed Name: _____ Signature: _____

Keep a copy for your records. You must file even if there were no sales. Attach additional information, if needed.