TOWN OF CRESTED BUTTE

REQUEST FOR CHANGE IN SALES TAX FILING STATUS

Business Name: _____

Contact Name:_____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone:_____ Fax:_____

Taxpayers must file a Town sales tax return at least annually, even if no tax is due. Unless otherwise approved, taxpayers must file and pay returns based upon the average monthly tax liability as follows:

Average Monthly Tax Liability (sales per month)	**Filing Frequency**
Less than $10 ($120 in sales per month)	Annually
$10 - $40 (<$475 in sales per month)	Quarterly
Greater than $40 (>$475 in sales per month)	Monthly

Please change my filing frequency from:_____to:_____

Signature: _____ Date: _____

Printed Name: _____

Please return form to:

Town of Crested Butte
Attn: Sales Tax Department
PO Box 39
Crested Butte, CO 81224

Phone: 970-349-5338

Fax: 970-349-6626

FOR TOWN HALL USE:

Your business has been approved for a change in filing status to: _____.

Change is effective _____. Next return due:_____

By: _____ Date: _____