



**DENVER**  
THE MILE HIGH CITY

**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 Municipal Home Rule Affidavit of Exempt Sale

This form is provided by home rule municipalities within the State of Colorado to record supporting information for any transaction on which an exemption from tax is claimed. The form is maintained by the seller for tax-exempt sales.

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

Purchase Details			
<input type="checkbox"/> <b>Purchase for resale - or -</b> <input type="checkbox"/> <b>Purchase for wholesale</b> (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"/> <b>Purchase by religious or charitable organization</b> (Exemptions may vary by jurisdiction)			
State tax-exempt number (not FEIN number): _____		Issuing municipality: _____	
Local tax-exempt number (if applicable): _____			
<b>Payment information (required to meet one of the following):</b>			
<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 embossed 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"/> <b>Purchase for federal, state, or local government</b>			
Credit card number (first six and last four only): _____ - _____ XX-XXXX- _____			
<b>Federal government (payment information – required to meet one of the following):</b>			
<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: _____			
<b>State and local government (payment information – required to meet one of the following):</b>			
<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"/> <b>Purchase for foreign and diplomatic exemptions (required to meet the following):</b>			
<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"/> <b>Other qualified exemption</b>			
Nature of exemption: _____			Exempt number: _____

Purchaser Information			
Legal Name of Company/Organization/Agency Name		Purchaser Name (Printed)	
Address	City	State	Zip + 4
Phone	State / Driver 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	



## Standard Colorado Affidavit of Exempt Sale

This form is required by the State of Colorado for any transaction on which an exemption from state tax is claimed for charitable and government entities. 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 State of Colorado.**

Purchase Details				
<input type="checkbox"/> <b>Purchase for resale - or -</b> <input type="checkbox"/> <b>Purchase for wholesale</b> (see instructions) State license number (not FEIN number): _____ Issuing state _____ Expiration _____ (Attach a copy of state license) <input type="checkbox"/> I affirm items purchased are for resale/wholesale in the ordinary course of business. Initial _____				
<input type="checkbox"/> <b>Purchase by religious or charitable organization (exemptions may vary by jurisdiction)</b> State tax-exempt number (not FEIN number): _____ (Attach a copy of state exemption certificate) <b>Payment information (required to meet one of the following):</b> <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 embossed 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"/> <b>Purchase by federal, state, or local government</b> <b>Credit card number (first six and last four only):</b> _____ - _____ <b>xx-xxxx-</b> _____ <b>Federal government (payment information - required to meet one of the following):</b> <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 _____ <b>State and local government (payment information - required to meet one of the following):</b> <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"/> <b>Purchase by foreign and diplomatic exemptions (required to meet the following):</b> <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).				
Purchaser Information				
Legal Name of Company/Organization/Agency Name		Purchaser Name (Printed)		
Address		City	State	Zip + 4
Phone	State/Driver 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
<b>I Certify That</b>					
Name of Firm (Buyer)					
Address					
City				State	ZIP
<b>Qualifies As (Check each applicable item)</b>					
<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					
<p><b>1)</b> 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</p> <p><b>2)</b> that such purchases are exempt from payment of sales or use tax in such states and cities because our buyer is:</p>					
<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
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><b>If the list of states and cities is more than six(6), attach a list to this certificate.</b>                  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)	