



CITY OF GOLDEN
911 10TH STREET
GOLDEN, CO 80401

SPECIAL
EVENT

VENDOR SALES TAX REMITTANCE FORM

This form is to be given to vendors, filled out, and returned back to the Sponsor.

Name of Event: _____

Date(s) of Event: _____

Vendor Name: _____

Vendor Address: _____

Vendor Phone Number: (____) _____

Gross Sales \$ _____

Multiply Gross Sales by .03 % _____ .03

Net Tax \$ _____ *

* This is the amount to be remitted to your sponsor along with this form.

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

Vendor Authorized Representative

Date

(DETACH BELOW)

THIS PORTION IS FOR YOU TO KEEP FOR YOUR OWN RECORDS

Event: _____ Date: _____

Gross Sales \$ _____

Multiply Gross Sales by .03 % _____ .03

Net Tax \$ _____