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CLAIM FOR EXEMPTION FROM SALES TAX

Name of Tax Exempt Organization \_\_\_\_\_ Exempt # 98- \_\_\_\_\_

Effective Date January 1 thru December 31, 2010 Phone ( ) \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Description of Event \_\_\_\_\_

Basis of Exemption: Religious \_\_\_\_\_ Charitable \_\_\_\_\_ Governmental \_\_\_\_\_

**DO NOT COMPLETE THIS FORM IF YOUR EVENT IS A FUND RAISER. NO EXEMPTION IS ALLOWED FOR FUND RAISING EVENTS.**

Indicate if ALL of the following statements are TRUE for this event:

TRUE FALSE

\_\_\_ \_\_\_ 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 may be reimbursed by the organization or government.)

\_\_\_ \_\_\_ The participants at the event have not and will not reimburse the organization in any way for any portion of the event such as by purchase of a ticket, payment of a registration fee, or by making a contribution toward the cost of participation. **This statement must be marked "false" if event is a fund raiser.**

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 a contribution toward the cost of participation.

**ALL OF THE ABOVE MUST BE TRUE FOR THE PURCHASE TO QUALIFY FOR 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.

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If you do not complete this form and refuse to pay tax due we are asked to report same to Colorado Department of Revenue.