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CLAIM FOR EXEMPTION FROM SALES TAX

Exempt Organization _____ Exempt # 98- _____

Effective Date: January 1 thru December 31, 2018 Phone () _____

Authorized Representative _____

Address _____

Description of Event _____

Basis of Exemption: Religious _____ Charitable _____ Governmental _____

**** PLEASE DO NOT COMPLETE THIS FORM IF YOUR EVENT IS A FUNDRAISER.**

NO EXEMPTION IS ALLOWED FOR FUNDRAISING 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, or is purchased in a governmental capacity.

_____ _____ The transaction is billed directly to the organization and payment is made directly from organization funds. (Purchase of food does 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 the 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 fundraiser.

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.

Signature _____ Title _____ Date _____

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