

**City of Craig
Special Event Tax Return**

Due the 20th day of the month following the event

Name of Reporting Entity _____

Event Date (MM-YY) _____

Colorado Department of Revenue Sales Tax Account # _____

City of Craig Sales Tax Account # (if business has one) _____

Sales Tax Return

1. Gross Sales \$ _____

2. Less Deductions:

 a. Sales to Exempt Organizations \$ _____

 b. Other- Please describe \$ _____

3. Total Deductions (line 2a + 2b) \$ _____

4. Net Taxable Sales (line 1 minus line 3) \$ _____

5. Tax Due = 4.0% of line 4 \$ _____

6. 10% Penalty or \$15.00 Minimum for Late Payments \$ _____

7. 1.5% Interest **Per Month** for Late Payments \$ _____

8. Total Tax Due (Line 5 plus Lines 6 & 7) \$ _____

The undersigned applicant or authorized agent states under penalties of perjury, that the above information is true and correct to the best of his/her knowledge, information and belief.

Signature _____ Date _____

Print Name: _____ Contact Phone # _____

Please attach Special Event Sales Tax License with this return.

Remit to: City of Craig- Sales Tax Department
300 W 4th St
Craig, CO 81625