



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)