

**Finance Department**

Sales Tax Division
500 E. 3rd Street, Suite 110 | Loveland, CO 80537
970-962-2708 | TDD: 970-962-2620
FAX: 970-962-2927
salestax@cityofloveland.org

Taxpayer name & address:

DATE(S) OF EVENT: _____

RETURN DUE DATE: _____

EVENT NAME: _____

EVENT LOCATION: _____

Total Sales in Loveland	\$
Amount of Loveland Sales Tax – 3.0% (.03) of total sales	\$
(THIS IS THE TOTAL DUE)	

**Taxpayer
Signature**

Under penalties of perjury, I declare that I have examined this Special Event Tax return,
and it is true and correct to the best of my knowledge and belief.

Signature

Date

Printed Name

Phone #

NOTE: This form **does not** need to be returned to our office prior to the event.

Return this form with Check or Money Order to:

City of Loveland
c/o Sales Tax Department
PO Box 202126
Dallas, TX 75320-2126

CITY USE ONLY

ACCT NO: