

REQUEST FOR TAX STATUS LETTER

In accordance with the provisions of § 38-25.5, C.R.S., I hereby request that the Department of Revenue issue a tax status letter.

Name of Taxpayer/DBA			
Location Address	City	State	ZIP
Mailing Address	City	State	ZIP
Colorado Account Number(s)			
FEIN	Telephone No.		

TYPE OF TAXES

List only taxes that are remitted to the Colorado Department of Revenue.*

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Corporate Income | <input type="checkbox"/> Consumers Use | <input type="checkbox"/> SCFD Sales | <input type="checkbox"/> County Sales |
| <input type="checkbox"/> State Sales | <input type="checkbox"/> State Withholding | <input type="checkbox"/> Football Sales | <input type="checkbox"/> Retailers Use |
| <input type="checkbox"/> City Sales | <input type="checkbox"/> RTD Sales | <input type="checkbox"/> Baseball Sales | <input type="checkbox"/> Severance |

Make Check Payable To: Department of Revenue To Be Paid Before Issuance of the Clearance. Send TOP copy to the Department of Revenue	Fee: \$7.00 per Tax Total Remitted \$
The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically	2700

*Tax status letters are not available for individual income tax. DO NOT send this form or payment as a request for an individual income tax status letter.

If liability for any other tax exists and reports have not been filed, the tax may be assessed at any time. The issuance of this letter does not fix, abate, modify, or cancel any liability or payment of money due or performance of an obligation to the State of Colorado.

I declare under the penalty of perjury in the second degree that I am a duly authorized officer of the corporation for which this tax status letter is requested and that I am acting in my official capacity in making this request.

Authorization/Power of Attorney must be attached to this request if applicable.

Name	Title		
Signature			Date