



CITY OF LOVELAND
REVENUE DIVISION

Civic Center • 500 East Third • Loveland, Colorado 80537
(970) 962-2708 • FAX (970) 962-2994 • TDD (970) 962-2620

Taxpayer name & address:

DATE(S) OF EVENT: _____

RETURN DUE DATE: _____

(Due the 20th of the month following the event)

EVENT NAME: _____

EVENT LOCATION: _____

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

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.

**Taxpayer
Signature**

Signature Date

Printed Name Phone #

Return this form with Check or Money Order to:

City of Loveland
PO Box 845
Loveland, CO 80539-0845

CITY USE ONLY

ACCT NO: