



QUALIFIED ENTITY CLAIM FOR REFUND OF COLORADO SPRINGS
SALES AND USE TAX PAID ON CONSTRUCTION MATERIALS

Pursuant to Section 2.7.810 of The City of Colorado Springs Sales and Use Tax Code

Requirements:

- Qualified Entity means a religious, charitable, and eleemosynary organization; the United States government, the State of Colorado, its departments or institutions, and political subdivisions in the governmental capacity; and a school (other than a school held or conducted for private or corporate profit) in the conduct of its educational functions and activities.
The qualifying entity other than one described in 2.7.418 of City Code, must hold a current certificate of exemption from the City of Colorado Springs and be classified by the Internal Revenue Service as a 501(C)3.
The documents specified in Tax Guide 06-101, and all other documents requested, must be submitted in conjunction with this application. Each contractor shall complete two forms the Contractor Certificate Assignment of Rights and the Contractor Summary Sheet relating to each transaction as proof of tax remitted (see ST-16 COS QE or ST-18 COS AIR).

Name of Exempt Entity: Exemption Certificate#:
\_\_\_\_\_

Exempt Entity Mailing Address:
Post Office Box or Street Address City. State Zip Code

Construction Project Phase(s) & Address of project:
Street Address City. State Zip Code

Primary Contact Name: Phone:
\_\_\_\_\_

Primary Contact Email:
\_\_\_\_\_

Total Price of Items Purchased: \$
\_\_\_\_\_

Amount of Sales Paid: \$
\_\_\_\_\_

Amount of Use Tax Paid: \$
\_\_\_\_\_

Amount of Claim: \$
\_\_\_\_\_

I declare, under penalty of perjury, that this claim, and all accompanying schedules and statements, have been examined by me and to the best of my knowledge and belief are true, correct, and made in good faith, pursuant to City of Colorado Springs Sales and Use Tax Code and Colorado Springs Sales Tax Guide No. 06-101.

Authorized Representative/Title (Print): X
\_\_\_\_\_

Signature of Authorized Representative: X Date:
\_\_\_\_\_

OFFICE USE ONLY
Claim Amount: \$ 65120-001-6110 \$
Changes: \$ 65120-118-5901-9160028 \$
Claim Amount to be Paid: \$ 65120-171-1300-9160028 \$
65120-173-1300-9160028 \$
Audited By: Date:
For Director of Finance Date: