



SALES TAX OFFICE COVID 19 RELIEF ON PENALTY OF TAXES TAX PERIODS 202002 & 202003

- Every taxpayer seeking relief of penalties either paid or currently due for the 202002 & 202003 tax periods must notify the city using this form to request waiver of these penalties.
- Tax & Interest cannot be waived per Ord. 2.7.105, 2.7.1003, 2.7.1004 & 2.7.1006.
- If your business has yet to complete a tax return for the 202002 & 202003 tax periods you are required to do so with this submission, [Sales Tax Return](#). Failure to file a return, the tax, with interest and penalties, may be assessed and collected at any time per Ord. 2.7.106D.
- Email the completed form(s) to salestax@coloradosprings.gov.
- Preserve all information submitted to our office for a period of 3 years.
- There is no fee to process this request.

This form must be completed in its entirety; all incomplete forms will not be processed. Write N/A if not applicable.

Account Number (customer ID / tax license number): _____ Today's Date: _____

Name of Business (entity): _____

DBA (doing business as): _____

Primary Contact First & Last Name: _____

Business Address (retail location / cannot use PO Box): _____

Business City _____ State: _____ Zip Code: _____

Mailing Address (PO Box is acceptable for a mailing address): _____

Mailing City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Ext: _____ *please include your area code

Secondary Number: _____ Ext: _____ *please include your area code

Email: _____ Website: _____

Penalty waiver requested for:

- February Previously Filed Included with Submission
- March Previously Filed Included with Submission

Credits in excess of \$75.00 dollars you may request a refund. If the balance is less than \$75.00 dollars you will need to use that credit on a future return enter the amount on line 14b and deduct from line 13. Credits are not allowed to be used online you will be required to file a paper return in order to apply that credit balance against any future tax due to The City of Colorado Springs Sales Tax Office.

Requesting Refund of Credit? _____ You will use credit on future return? _____

Official Use Only
Employee Initials:
Date Received:
Date Processed:

Signature of Authorized Person: _____
 Printed Name (First/Last): _____
 Telephone: _____
 Email: _____