



# Affidavit of Tax Exempt Purchase

City of Westminster  
Department of Finance  
Sales Tax Division

Please Type or Print Clearly

Furnish this form to the seller. Do not return this form to the City.	1) Legal Name of Organization or Agency:			6) Purchaser's FEIN:
	2) Mailing Address:			7) Colorado Exemption No.:
	3) City:	4) State:	5) Zip:	8) Westminster Exemption No.:

Regarding the purchases I made on \_\_\_\_\_ from \_\_\_\_\_,  
(purchase date) (name of seller)

in the amount of \$ \_\_\_\_\_ (hereafter the "Purchases"), I, \_\_\_\_\_  
(purchase amount) (Printed name of individual making purchase - affiant)

hereby swear and affirm as follows:

- I am duly authorized to make the Purchases on behalf of the above-named organization or agency.
- The above named organization is (check one):
  - a. The United States government, the State of Colorado, or a political subdivision thereof (including county and local governments, school districts, or special districts) or one of their respective departments, institutions, agencies, or instrumentalities.
  - b. A charitable organization as defined under *Westminster Municipal Code* (W.M.C.) § 4-1-1, and certified as such by the City of Westminster under the certificate number listed on line 8 above.
  - c. A qualified hospital organization as defined under W.M.C. § 4-2-2, and certified as such by the City of Westminster under the certificate number listed on line 8 above.
- The Purchases are for official use by the above-named organization or agency in the conduct of its normal functions and activities. The Purchases do not include construction materials (as defined under W.M.C. § 4-2-2) for use in a project requiring a City building permit.
- The amounts listed herein are due and payable from the above-named organization or agency and have been or will be paid directly by the funds of the organization or agency. I am not using personal funds to make the Purchases nor will I be reimbursed for the Purchases by the organization or agency.
- The organization or agency will not be compensated or otherwise reimbursed directly, in whole or in part, for the Purchases by any party benefiting from the same.
- I shall be liable to the seller, pursuant to W.M.C. § 4-1-5(B), for any tax if the Purchases are found by the City of Westminster to not qualify for exemption.

As the affiant named above, under penalty of perjury, I declare that I have examined this Affidavit of Tax Exempt Purchase and that it is true and correct to the best of my knowledge and belief.

Affiant  
Signature



Signature

Date

## RETAILER VERIFICATION

Accepted by: _____ <small>(emp. initials or ID)</small>	Payment Type (check one): <input type="checkbox"/> Agency Check <input type="checkbox"/> Agency Purchase Order <input type="checkbox"/> Agency Credit Card	<b>CREDIT CARD DETAILS</b> <small>(check all that apply)</small>
Transaction ID: _____ <small>(optional)</small>	Cash/Personal Funds Not Acceptable	<input type="checkbox"/> The agency tax exemption number is listed <input type="checkbox"/> The words "tax exempt" appear on card <input type="checkbox"/> Federal purchasing card (US Capitol building pictured) <input type="checkbox"/> Federal fleet card (Vehicles pictured) <input type="checkbox"/> Federal integrated or travel card (US flag or airplane pictured) <input type="checkbox"/> The sixth digit of the card is 0, 6, 7, 8, or 9 (Federal Cards) <input type="checkbox"/> Dept. of Interior Mastercard beginning with 5568 16
Reference Number: _____ <small>(Check #, PO #, or Last 4 of CC #)</small>		



## Affidavit Of Sales Paid By Government Credit Card

- I affirm that this purchase qualifies for the Colorado sales tax exemption for sales to the United States government, the State of Colorado, its departments and institutions, and its political subdivisions (county and local governments, school districts and special districts); is a government purchase used only in an official governmental capacity; and will be paid directly by a government agency.
- I have checked the applicable boxes below regarding information about payment for this purchase.
- I accept that I remain directly liable for the sales or use tax assessment, and any applicable penalty or interest, if my purchase is found to not qualify for the exemption.
- I understand that the vendor may request this affidavit for every purchase.

Please Print or Type				
Last Name		First Name		Middle Initial
Street Address				
City			State	Zip
Driver's License State and Last 4 Digits		SSN	FEIN	
Agency Name			Agency Phone Number (      )	
<b>Check all that apply</b> (For further information visit the Department Of Revenue website at <a href="http://www.TaxColorado.com">www.TaxColorado.com</a> )				
<input type="checkbox"/>	The agency exemption number is printed on the card. The number is 98 or 098-			
<input type="checkbox"/>	The card is a State/Central Travel Card. The State card has the State seal and the words "Tax Exempt" on it			
<input type="checkbox"/>	The card is a Purchasing Card. The federal version has a picture of the U.S. Capitol. The state card has "Commercial" or "Purchasing" printed on it.			
<input type="checkbox"/>	The card has an 8 digit exemption number below the cardholders name. The number is			
<input type="checkbox"/>	The card is an Integrated Card (w/picture of the U.S. flag) or a Travel Card(w/picture of an airplane) And the sixth digit of the card is 0,6,7,8, or 9.			
<input type="checkbox"/>	The card is a Department of the Interior Mastercard issued by Bank of America w/acct beginning 5568-16.			
<input type="checkbox"/>	The card is not Bureau of Land Management or National Park Services (Department of Interior).			
<input type="checkbox"/>	The card State Department issued with the name/photo of the bearer and an image of an animal native to North America on the card.			
Signature of Customer			Date (MM/DD/YY)	



## ***Affidavit of Non-Taxable Sale to Tax-Exempt Organization***

The undersigned declares, under penalties of perjury, that the tangible personal property or taxable service purchased without payment of otherwise applicable Colorado sales tax(es) from

Vendor Name

Vendor Address

is to be paid from the tax-exempt organization's funds and that said organization has not and will not receive any reimbursement through either direct payment, collection or "donation" from any person(s) for the use or consumption of said tangible personal property or service.

Signature

Title

Name of Tax-Exempt Organization

Sales Tax Exemption Number

Date