



City of Golden

FINANCE DEPARTMENT
SALES TAX DIVISION

911 10TH ST. GOLDEN, CO 80401

REMOTE SELLER INFORMATION FORM

***FOR RETAIL BUSINESSES
WITH ONLY ECONOMIC NEXUS**

Questions regarding Form:

Phone: 303-384-8024 • Fax: 303-384-8001

BUSINESS INFORMATION

Business Name _____

Physical Address _____

City _____ State _____ Zip _____

Business Phone: () _____ Business Fax: () _____

Business Web Address: _____

Business Email: _____

Business is in good standing with the Secretary of State to do business in Colorado.

MAILING INFORMATION

Mailing Address _____

City _____ State _____ Zip _____

Reporting Frequency: Monthly *Quarterly *Annually

** Please note, you may only file annually if you have no retail sales and are only providing a service, and quarterly if tax is less than \$60.00 monthly.*

Have you remitted tax to us in the past? If so, please note when: _____

Taxpayer representative: Name _____ Phone Number _____

Email Address _____

Location of Records: City _____ State _____ Zip _____

New Business Type of Ownership: (check one)

- Sole Proprietorship
- Partnership
- Corporation
- LLC
- LLP
- Non-Profit Corporation (No Fee, Attach Proof)
- Other, Please Explain _____

OWNER / OFFICER INFORMATION

Owner/President _____ Government Issued ID # _____ (attach copy)

Vice President _____ Government Issued ID # _____ (attach copy)

Date you started selling in Golden: _____

Description of business (please detail types of service(s) / product(s) and nature of business _____

I declare, under penalty of perjury, that this application has been examined by me and the statements made herein are made in good faith pursuant to the City of Golden tax laws and ordinances and, to the best of my knowledge and beliefs, are true, correct and complete.

Print or type name _____ Title/Capacity _____

Authorized Signature _____ Date _____

FOR CITY USE ONLY

Account # _____ Entered _____