

Certificate of Taxes Due for Business Personal Property & Excise Taxes

Instructions

- ▶ Complete a [Request for Certificate of Taxes Due](#) (pg. 2)
- ▶ If you are someone other than the taxpayer for the business, you are also required to complete an [Authorization to Request and/or Receive a Certificate of Taxes Due Issued by the City and County Denver](#) form (pg. 4)
- ▶ If you are closing a business or transferring ownership, complete an [Account Change or Closure Request](#) form
- ▶ **There is a \$10 processing fee for each Certificate of Taxes due for a specifically identified tax that is identified as having an amount due on the Certificate of Taxes Due and must be paid before the certificate is issued.**
- ▶ **For any taxes owed/shown on the CTD, payment(s) must be received before a "zero" tax due certificate is issued. No payment agreements or post-dated checks will be accepted.**
- ▶ Submit completed forms and payment.

Mail: City and County of Denver
Treasury Division
Wellington Webb Bldg.
201 W. Colfax Ave., Dept. 403
Denver, CO 80202-5329

Fax: (720) 913-9475
Subject: CTD Request

Additional Resources

- ▶ Tax Guide Topic No. 69 - "Sales and Purchase of a Business"
- ▶ Account Change or Closure Request Form
- ▶ Denver Revised Municipal Code (DRMC)

Contact Us

- ▶ (720) 913-9400
- ▶ 311@denvergov.org

FOR OFFICIAL USE ONLY:

Date CTD Application Received by (TPS Rep) _____

Date TCA/TCS Received CTD Request _____

Fees Paid: _____

INSTRUCTIONS FOR STATUS OF PERSONAL PROPERTY

Please provide detailed information on the status and location of the personal property. If personal property is leased, please provide the name of the lessor and contact information.

Lessor Name _____

Address _____

Phone Number _____

INSTRUCTIONS FOR CLOSING INFORMATION

If there was not a sale/exchange of personal property, please explain why. If this was a membership or stock sale or transfer only, please attach a copy of the sale or transfer agreement.

MAIL REQUEST TO:

City and County of Denver
Treasury Division
Wellington Webb Bldg.
201 W. Colfax Ave., Dept. 403
Denver, CO 80202-5329

FAX REQUEST TO:

720-913-9475



Department of Finance | Treasury Division
Wellington Webb Bldg.
201 W Colfax Ave Dept. 403
Denver, CO 80202-5329
Fax: 720-913-9475
www.denvergov.org/treasury

**AUTHORIZATION TO REQUEST AND/OR RECEIVE A CERTIFICATE
OF TAXES DUE ISSUED BY THE CITY AND COUNTY OF DENVER**

Pursuant to 38-25.5-101(1)(a)C.R.S

Dated: _____

Denver Account No. _____

I, _____, certify that I am the taxpayer of the following

business: _____ .

Pursuant to 38-25.5-101(1)(a)C.R.S I am entitled to request and receive a Certificate of Taxes Due, and I authorize: _____(in my stead) to receive the Certificate of Taxes Due on my behalf.

Signature

COUNTY OF _____)
STATE OF COLORADO)
)

Before me on this day of _____, 20____, I upon oath executed this Authorization.

By: _____
(Notary Public)

My Commission Expires: _____



CITY AND COUNTY OF DENVER
DEPARTMENT OF FINANCE

TREASURY DIVISION
WELLINGTON WEBB BLDG.
201 WEST COLFAX AVE, DEPT 403
DENVER, COLORADO, 80202-5329
FAX: (720) 913-9475

Michael B. Hancock
Mayor

Account Change OR Closure Request Form

Please complete the form below reflecting all the requested changes to your business account(s):

Account #: _____ **Business Name:** _____

Please indicate which account(s) the change or closure should be applied to:

- Sales Consumer's Use Occupational Privilege Lodgers FDA/TBT E911 Fees

Please provide the following information regarding the requested changes to the selected account(s):

ACCOUNT CLOSURE:

Date of business closure: _____

- Out of business Never began business Opened account in error
- No taxable sales Seasonal business
- Business has moved out of Denver: BUT sales and employee activity in Denver will continue.
Sales & OPT accounts should remain open - please complete address change below)
- Business and all employees have moved out of Denver: BUT sales activity in Denver will continue.
(Sales account should remain open – please complete address change below)
- Business, employees and all sales, services, or other taxable activity have moved out of Denver. (Please include the new address below)
- Business has been sold or changed ownership: Date of business sale: _____
Name of new owner: _____ Phone#: _____
Address: _____ City/State/Zip: _____

ACCOUNT ACTIVATION / REACTIVATION:

- Closed in error. Reactivate with original start date. Activate new tax type for period: _____
- Business Reopened. New Start Date: _____

NAME, ADDRESS OR PHONE# CHANGE:

New Business Name: _____ (FEIN cannot change)

New Address: _____ City/State/Zip: _____

- Location Address Mailing Address Both Location & Mailing Address

New Phone #: _____

In order to process any of the requested changes, the below information must be completed:

Printed Name: _____

Contact Info (Email or Phone #): _____

SIGNATURE: _____ **DATE:** _____