

## Certificate of Taxes Due for Business Personal Property & Excise Taxes

### Instructions

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- ▶ 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

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

### Contact Us

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- ▶ (720) 913-9400
- ▶ [311@denvergov.org](mailto:311@denvergov.org)



CITY AND COUNTY OF DENVER
TREASURY DIVISION
REQUEST FOR CERTIFICATE OF TAXES DUE

City and County of Denver
Treasury Division
Wellington Webb Bldg.
201 W Colfax Ave., Dept 403
Denver, CO 80202-5329
Fax: 720-913-9475

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Denver Sales Tax No.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. For Person/Agent Requesting CTD: \_\_\_\_\_

Reason For Request (Check All That Apply):

- Business Sold
New Tenant at Location
Business (check one) Evicted Vacated Date
Other, Please Explain

Status of Personal Property (See Instructions on Back)

I hereby certify and represent that I am the taxpayer (the owner of the business) of the above named business or an authorized person (as defined by 38-25.5-101(1) (a) C.R.S.) and am thereby entitled to request this tax information.

38-25.5-101(1) (a) C.R.S. - States in Part:

(1) "Authorized person" means: (a) A person who has obtained written authorization signed and notarized by a taxpayer to receive a certificate of taxes due for the taxpayer....

\*NOTE (See Instructions on Back):

Only the actual taxpayer or an "Authorized Person" with a written authorization that is signed and notarized by the taxpayer may request and be provided a Certificate of Taxes Due document.

Transferor Information: Business Mailing Address:
(Seller) Telephone Nos.
Signature
Printed Name (and Title):
\*If Corporation, please attach list of authorized officers.

Transferee Information: Business Name:
Account# (1st 6 digits): Date Business Will Begin:
Telephone Nos.
Signature
Printed Name (and Title):

Closing Information: Attorney for Transferor:
Telephone Nos.
Date of Closing:
Agreed Purchase Price of Personal Property (Include a copy of the purchase agreement):
\*\*If no personal property purchased, please explain (See Instructions on Back of Page)

Buyer has agreed to remit Use Tax due on transfer within ten days of closing. Yes No

This form must be filled out completely for your request to be processed. Under normal circumstances your Certificate of Taxes Due will be ready within (10) ten business days. Please note there is a \$10.00 processing fee for each specifically identified tax.

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: \_\_\_\_\_



Mike Johnston  
Mayor

**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

**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:** \_\_\_\_\_