

SMM 2% Rental Electronic Filing Request For Access 42-3-107 (16)(d)(III) C.R.S.

Company Information		
Company Name		
Business Address		
City		ZIP Code
County where SMM is registered:		
Contact Information		
Contact Name		Phone ()
Email Address		
Taxpayer Information		
Taxpayer Type, please check one:		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Fiduciary	<input type="checkbox"/> Government
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> LLC
<input type="checkbox"/> Partnership	<input type="checkbox"/> Unknown	<input type="checkbox"/> Limited Liability Limited Partner
<input type="checkbox"/> Non-Profit 501		
FEIN	Sales Tax ID	Month for Initial Filing Period
Please attach copies of the following:		
<ul style="list-style-type: none"> • Approved DR 0440 Permit to Collect Sales Tax on the Rental or Lease Basis • Approved DR 2091 Special Mobile Machinery 2% Specific Ownership Tax Authorization Request 		
Submit this form along with the DR 0440 and DR 2091 to one of the following:		
Mailing Address:	Physical Address:	Fax:
Colorado Department of Revenue Title and Registration Section P.O. Box 173350 Denver, CO 80217-3350	Colorado Department of Revenue Title and Registration Section 1881 Pierce Street Lakewood, CO 80214	(303) 205-5978
Department Use Only		
Login ID	SMM Account Number	
Password	Data Account Added	

You Will Be Contacted Via Phone With Log-In Credentials