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:

☐ Corporation  ☐ Fiduciary  ☐ Government  ☐ Limited Liability Limited Partner

☐ Limited Liability Partnership ☐ Limited Partnership ☐ LLC ☐ Non-Profit 501

☐ Partnership ☐ Unknown

FEIN ____________________ Sales Tax ID ____________ Month for Initial Filing Period ____________

Please attach copies of the following:

• 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:  
Colorado Department of Revenue
Title and Registration Section
P.O. Box 173350
Denver, CO 80217-3350

Physical Address:  
Colorado Department of Revenue Title and Registration Section
1881 Pierce Street
Lakewood, CO 80214

Fax: (303) 205-5978

Department Use Only

Login ID ____________________ SMM Account Number ____________

Password ____________________ Data Account Added