



Excise Tax Payment Application

Pueblo West Metropolitan District
 109 E. Industrial Blvd - PO Box 7005 - Pueblo West, Colorado 81007
 Jennifer Pearson (719) 547-5010 Fax (719) 547-2833

Entire form must be completed.

Facility - Business Information	Legal Business Name (as shown on W-9):			
	Company Name (DBA):		Federal Employer Identification Number (FEIN):	
	Address of Facility:		State Cultivation License Number:	
	City:	State:	Zip:	Cultivation License Holder Name:
	Mailing Address (if different from above):		Cultivation License Holder Phone:	
	City:	State:	Zip:	Cultivation License Holder Email:
	Business Owner Contact Name:			
	Business Owner Contact Phone:		Business Owner Contact Email:	
	Business Contact Name:			
	Business Contact Phone:		Business Contact Email:	

Accountant Information	Does your company use an outside Accountant? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Accounting Firm Name:		Accounting Firm Address:		
	Accountant Contact Name:		City:	State:	Zip:
			Phone:	Fax:	
	Internal Accountant Name:		Principal Business Address of Internal Accountant:		
			City:	State:	Zip:
		Phone:	Fax:		

It is your responsibility to update this information when changes occur and failure to do so may result in misapplied payments.

Authorized Signature:	Title:	Date:
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Return completed form by email to ExciseTax@pwmd-co.us or by fax to 719-547-2833

Internal processing

Date Received: