



Monthly Surcharge Report

Month /Year : _____ / _____

Owner Name: _____

Building Name and Unit Number _____

1. Gross Taxable Sales _____ (a)*
*(Should equal line 4 on your DR0100 Colorado State Sales Tax Return)
(May require submission of return for verification)
2. Resort Association Assessment at 4% _____ (a) x .04

Note: **SUBMISSION OF THIS REPORT IS MANDATORY .**
This report is due on or before the twentieth (20th) day of the succeeding month.

Credit Card #: _____

Expiration Date (Month/Year): _____

Billing Zip Code: _____ CVV _____

Owner email address: _____

If mailing report and assessment payment, please send to Copper Mountain Resort Association.

Copper Mountain Resort Association

Attn: Carolyn Russo
800 Copper Road #3053
Copper Mountain, CO 80443
Crusso@copper-ra.com
Fax: (970) 968-2187

REPORTS ARE DUE EVEN IF GROSS SALES ARE ZERO