



Transient Room Tax Remittance Form

Business Information:

Business Name		Phone	
Street	City	State	Zip
Name of Operator / Manager			

Date Submitted _____ **Period Covered** _____ to _____

Tax Allocation Section:

1	Total Gross Monthly Receipts from Guest Room Rentals	\$ _____
2	Exemptions	
a.	Less Rooms occupied more than 30 days	\$ _____
b.	Less Rent less than \$5.00 per day	\$ _____
c.	Total Exemptions (2a plus 2b)	\$ _____
3	Total Taxable Rentals (Line 1 minus Line 2c)	\$ _____
4	Total Room Tax (10% of Line 3)	\$ _____
5	Less Operator Retainage (5% of Line 4)	\$ _____
6	Total Tax Due for Month	\$ _____
7	Amount Remitted	\$ _____

Payment is due on or before the last of the month following the month of collection, unless the City Administrator grants an extension in writing. If payment is not received, additional penalties and interest will be assessed.

Certification: I declare, under penalty of making a false statement, that to the best of my knowledge, the statements herein are true and correct.

Signature _____ Date _____

Printed Name _____