

CALHOUN COUNTY ACCOMMODATIONS TAX MONTHLY REPORT

Name & Address of Collecting Unit:

Name			
Address			
Address			
City	State	Zip Code	

Tax Department for Unit:

Name			
Address			
Address			
City	State	Zip Code	

Federal Tax Identification Number: _____ - _____ - _____

Payment Information:

A.	MONTH ENDING	Month:	Year:
B.	TOTAL ROOM REVENUE	\$	
C.	LESS: EXEMPT REVENUE		
D.	TAXABLE REVENUE (B-C)		
E.	5% of TAXABLE Revenue (Guest Accommodations Tax collected from overnight stays) 5% of Step D	\$	
F.	FINE: After due date, a fine of 5% per month not to exceed 25% shall be added – See Sec. 8 of Ordinance	\$	
G.	INTEREST: The interest rate shall be 1% per month until paid – See Sec. 8 of Ordinance	\$	
H.	TOTAL REMITTED (E+F+G)	\$	

Remitted By:

Signature		Date
Print Name		
Title		

Make remittance check payable and mail along with a copy of this report to:

Calhoun County Treasurer | 315 West Green Street | Marshall, MI 49068

Mail a second copy of this report to:

Battle Creek/Calhoun County Convention and Visitors Bureau
One Riverwalk Centre | 34 West Jackson Street | Battle Creek, MI 49017