

2. Name and Address of Motel - Hote I- B & B: _____

3. Collecting Unit for the Accommodation Tax: _____

4. Total Revenue subject to Accom Tax (include no show collected revenue)	\$	_____
5. LESS 'Transient Guest' (See Section 1f).....	\$	_____
6. NET REVENUE.....(including no show collected revenue).....	\$	_____
7. 5% of Step 6.....	\$	_____
8. Plus Fine (if any, see section 8).....	\$	_____
9. Plus Interest (if any, see section 8).....	\$	_____
10. Total Paid.....	\$	_____

I certify this report is prepared upon the same base figures as to rooms rented "for dwelling, lodging, or sleeping purposes to transient guest" as reported to the State of Michigan for computing the amount of Sales Tax due the State for the same period.

MAKE REMITTANCE PAYABLE TO AND MAIL TO:

Kalamazoo County Treasurer
 201 W Kalamazoo Ave
 Kalamazoo, MI 49007

 Signature

 Print Name Date

- STEP:
1. Fill in the Month and Year which the report represents.
 2. Fill in Name and Address of the Motel, Hotel, or B & B.
 3. Fill in Name and Address of the of the collecting unit.
 4. Report TOTAL Revenue for the Month indicated.....(See Section 5.)
 5. Deduct "Transient Guest' Amount (**proof must be attached**)
 One Guest for 30 consecutive days or more
 6. Enter Net Revenue Total
 7. Multiply total in Step 6 by 5% to determine tax
 8. Enter amount of Interest, if any. **After Due Date** a Fine of %5 Per Month
 (not to exceed 25%) shall be added. See Section 8.)
 9. Enter amount of Interest, if any. **After Due Date**, Interest is 1% Per Month
 shall be added. (See Section 8.)
 10. Total Steps 7 through 9.
 11. Sign and Date Report before mailing.

NOTE: TAX MUST BE HAND-DELIVERED OR POSTMARKED BY THE 15TH DAY OF THE FOLLOWING MONTH. On the 16th day, fines and interest will begin to accrue. (If the 15th falls on Saturday, Sunday or Holiday, the following work day will be the due date.)