



Hotel Assessment Form

Filing Period: _____ / _____
 Month Year

Hotel Name _____
 Hotel Address _____

 Hotel Assessment Number _____
 Person Filing Report: _____
 Email Address: _____
 Telephone Number: () _____
 Fax Number: () _____

IMPORTANT NOTICE: This assessment is used to fund destination marketing, sales, and public relations. It is important that you completely and accurately fill out this hotel assessment form. Assessment forms and payments are due on or before the 20th day of the month following the assessment period. Penalties will be assessed if remittance is delinquent.

1. Gross room rental receipts	1		.00	exceptions form
2. Exempt rentals for federal, state, government or other qualifying guests	2		.00	
3. Exempt group contracts of 10 or more rooms contracted prior to Sept 1, 2016	3		.00	
4. Assessable room rental receipts (Subtract Line 2 and 3 from Line 1)			4	.00
5. Assessment Due (Multiply amount on Line 4 by 1%)			5	.00
6. Excess assessment collected			6	.00
7. Total (Add Line 5 and Line 6)			7	.00
8. Delinquent penalty (5% of assessment amount for each 45 days or portion thereof that payment is delinquent, not to exceed 25% in aggregate)			8	.00
9. Total remittance (Add Line 7 and Line 8) DO NOT SEND CASH			9	.00

SUBMIT THIS ASSESSMENT FORM AND PAYMENT AS FOLLOWS:

Payment:	ACH Destination Bank: Whitney Bank ABA #: 021052053 Account #56835108	Wire Beneficiary: Jefferson CVB ABA #: 065400153 Account #: 56835108	Check: Jefferson Convention & Visitors Bureau 1221 Elmwood Park Blvd., Suite 411 New Orleans, LA 70123 Memo: Hotel's Name/Assessment Number
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Forms: Email: Assessment@visitjeffersonparish.com

Under the penalty of perjury, I declare that I have examined this form, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. If this form is prepared by a person other than the assessment payer, his declaration is based on all the information relating to the matters required to be reported on this form of which he has any knowledge.

			()
Date	Signature	Print Name	Telephone

This assessment is due on or before the 20th day of the month following the assessment period covered and becomes delinquent on the first day thereafter. If the due date falls on a weekend or holiday, the assessment is due on the next business day and becomes delinquent the first day thereafter.

Complete only if change in business status has occurred. Please print or type.

DATE BUSINESS DISCONTINUED	DATE BUSINESS SOLD	NAME OF PURCHASER

General Information

All JCVB member hotels subject to the assessment are required to file a Hotel Assessment Form monthly.

All forms are due on or before the 20th day of each month following the close of the period for which the assessment is due. If the due date falls on a weekend or holiday, the return is due on the first day thereafter.

All amounts on this form should be rounded to the nearest dollar.

Care should be exercised to ensure that the correct period is entered in the filing period space.

All forms must be signed and dated by the appropriate company official.

Payment for the exact amount of the assessment and any penalty must accompany this form.

A copy of your **STATE HOTEL AND MOTEL SALES TAX RETURN** **MUST** be remitted with this report.

Any discrepancy in state tax return filings and this assessment form must be explicitly explained in an attached detailed report with reasons as to why figures do not agree in order to avoid delinquent penalties.

DO NOT SEND CASH

Instructions for completing the Hotel Assessment Form

Line 1- Enter the total gross receipts from the rental of hotel/motel rooms to transient guests.

Line 2-Enter the total of room rental receipts paid directly by federal, state, governmental or other guests qualifying for tax exemption.

Line 3-Enter the total for group contracts of 10 or more rooms contracted prior to Sept 1, 2016. **COMPLETE ITEMIZED SCHEDULE OF WAIVERS AND EXCEPTIONS**

Line 4-Subtract Line 2 (Less exempt rentals to federal, state, and local governmental agencies) and Line 3 (Exempt Groups) from Line 1 (Gross room rental receipts).

Line 5-Multiply Line 4 (Assessable room rental receipts) by 1%.

Line 6-Enter the amount of excess assessment dollars that was collected in the filing period of this return.

Line 7- Add Line 5 (Assessment due) and Line 6 (Excess assessment collected).

Line 8-Any amount due becomes delinquent on the 21st day of the month following the assessment period. If the remittance is file late, a delinquent penalty of 5% must be calculated and entered on Line 8.

Line 9-Add Line 7 (Total assessment) and Line 8 (Delinquent penalty). Submit payment.