



**Hotel Assessment Form**

Mail To :  
 New Orleans and Company  
 Tourism Support Assessment Account  
 Post Office Box 51959  
 New Orleans, LA 70151-1959

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Member Number:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Filing Period:** \_\_\_\_\_

**IMPORTANT NOTICE:** The Assessment paid on the rental of hotel/motel rooms is used to fund tourism and economic development projects in Orleans Parish. It is important that you completely and accurately fill out this Assessment Form to ensure that these funds are properly distributed. All 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	
2. Less exempt rentals to federal, state or local government agencies	2		00	
3. Assessable room rental receipts (Subtract Line 2 from Line 1)			3	00
4. Assessment Due (Multiply amount on Line 3 by 1.75%)			4	00
5. Excess Assessment collected			5	00
6. Total (Add Line 4 and Line 5)			6	00
7. Delinquent Penalty (5% of assessment amount for each 60 days or fraction thereof that payment is delinquent, not to exceed 25% in aggregate)			7	00
8. Total Remittance (Add Line 6 and Line 7)		<b>DO NOT SEND CASH</b>	<b>PAY THIS AMOUNT &gt;&gt;</b>	8 00

**SUBMIT THIS ASSESSMENT FORM AND PAYMENT TO:**  
**New Orleans and Company**  
**Tourism Support Assessment Account**  
**Post Office Box 51959**  
**NEW ORLEANS, LA 70151-1959**

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	Signature of preparer other than assessment payer	Preparer ID
This assessment is <b>due on or before the 20th day of the month</b> 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.			Telephone Number

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

Date business discontinued	Date business sold	Name of purchaser
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