

# Monthly Assessment Statement



Property Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

### Assessment Calculation:

1. Use tax on room rentals (6%)	1. \$
2. Multiply line 1 by .8333 (5% assessment)	2. \$
3. Total room rental sales exempt from Use Tax (not included in line 1)	3. \$
4. Multiply line 3 by .05	4. \$
5. Total non-transient room rental sales <i>(detail required below)*</i>	5. \$
6. Multiply line 5 by .05	6. \$
7. Other adjustments if any (provide detail)	7. \$
8. <b>Total assessment due</b> (line 2 + line 4 - line 6 +/- line 7)	8. \$

*Detail for Line 5:	Check-in Date	Check-out Date	# of Rooms	Room Revenue
	_____	_____	_____	_____
	_____	_____	_____	_____

### Occupancy Statistics

Room nights available for month: \_\_\_\_\_ Room nights sold for month: \_\_\_\_\_

### Member Compliance Checklist

- Send completed Assessment Statement with your check, or email to [judy@traversecity.com](mailto:judy@traversecity.com)
- Make checks payable to: **Traverse City Tourism**
- Mail Check within 30 days after the end of each month to:  
**Huntington National Bank, P.O. Box 72478, Cleveland, OH 44192-0002**
- Submit a copy of your State Use Tax Form to: [katif@intrustcpa.us](mailto:katif@intrustcpa.us) , fax 231-276-2599  
or mail to: **Intrust CPA, 732 Hannah Avenue, Traverse City, MI 49686**

All checklist items must be completed and received within 30 days of the end of the month to be in compliance with the Michigan Public Act 395 and to be considered a member in good standing.

I hereby certify the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Authorized Signature Phone Number Date