

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. Total assessment due (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 to accounting@traversecity.com
- Make checks payable to: **Traverse City Tourism**
- Mail check within 30 days after the end of each month to:
Traverse City Tourism, P.O. Box 88454, Carol Stream, IL 60188-8454
- Submit a copy of your State Use Tax Form to: jpoortenga@gmail.com / fax (231)947-1362
or mail to: **Tobin & Co. P.C., 2301 Garfield Rd N, Ste B, 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