

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 to arrive within 30 days of 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: Tobinco4020@gmail.com or mail to:
Tobin & Co. P.C., 4020 Copper View Ste 113, Traverse City, MI 49684

To avoid collection fees, interest, and delinquency charges set forth in Michigan Act 395 of 1980 amended P.A. 59 of 1984, all compliance items must be completed and payment received no later than 30 days after the assessment month. Balances more than 30 days past due will result in legal action and loss of marketing activity.

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

 Authorized Signature Printed Name Email Phone Number Date Signed