Rental Name & Address: Remitter Name & Address:		
Phone:		Email:
CERTIFICATE	NO	
Q4 Oct-Dec		
=		
CCUPANCY TAX	<u> (ТОТ)</u>	
GROSS RECEIPTS from rental units (non AirBNB receipts only)		\$
DEDUCTIONS – Long term (more than 30 consecutive days) rental receipts		\$
NET TAXABL	E RECEIPTS	\$
E (14% of taxab	le receipts)	(A) \$
ING DISTRICT	FEE (TMD)	
en specifically identij	fied to be assesse	ed TMD fees
this Quarter		
Less: Rooms Occupied or Leased for at least 30 days		()
Total Room Nights applicable for TMD (line 1 less line 2)		
15), or Tier 4(\$4	1.05)	
r Rate X Total Ro	oom Nights	(B) \$
owing the delinq month until paid	uent date, an in full. A \$60	additional 15% is added plus return check fee will also be
nterest if paid aft	er Due Date ((C) \$
aid after due date	(A + B + C) =	\$
	Phone: CERTIFICATE Q4 Oct-Dec the last day of the returned, and percepts only) Cutive days) renunctive days) renunctive days) renunctive days renunctive days E (14% of taxable (14% of taxab	Phone: CERTIFICATE NO. Q4 Oct-Dec the last day of the month folice returned, and penalties may be CCUPANCY TAX (TOT) receipts only) cutive days) rental receipts NET TAXABLE RECEIPTS E (14% of taxable receipts) CING DISTRICT FEE (TMD) en specifically identified to be assessed this Quarter days

Date______
Title_____

Signature______Printed Name______