

COUNTY OF MUSKEGON

ACCOMMODATIONS TAX MONTHLY REPORT

FOR MONTH ENDED _____, 20____

IF SEASONAL, PLEASE INDICATE MONTHS OF OPERATION: FROM _____ TO _____

NAME AND ADDRESS OF COLLECTING UNIT

NAME AND ADDRESS OF TAXPAYER (IF DIFFERENT FROM COLLECTING UNIT)

CORPORATE/TAXPAYER'S NAME

DOING BUSINESS AS

STREET ADDRESS

CITY, STATE, ZIP

CONTACT PERSON

NAME (PERSON OR DEPARTMENT)

STREET ADDRESS

CITY, STATE, ZIP

(____) _____
PHONE NO.

| | |
|--|----------|
| A. REVENUE SUBJECT TO TAX | \$ _____ |
| B. 5% (.05) OF LINE A | \$ _____ |
| C. PENALTY (SEE ORDINANCE SEC. 8) | \$ _____ |
| D. INTEREST (SEE ORDINANCE SEC. 8) | \$ _____ |
| E. AMOUNT PAID (ADD LINES B, C, AND D) | \$ _____ |

SIGNED: _____ TITLE _____

DATE: _____

MAKE REMITTANCE PAYABLE AND MAIL TO:

**MUSKEGON COUNTY TREASURER
173 E. APPLE AVE., SUITE 104
MUSKEGON, MICHIGAN 49442**

PAY TO MUSKEGON COUNTY TREASURER ON OR BEFORE 15TH OF EACH MONTH.