



RESORT TAX TRANSMITTAL FORM

Name of Business: _____
 Address of Business: _____
 Name/Title of Person Completing Form: _____
 Business Phone: _____
 Email Address: _____

Reporting for the Month of _____

(A) Gross Taxable Sales	Total Line (A)	\$
(B) 3% Resort Tax (Total of Line (A) Multiplied by 3%)	Total Line (B)	\$
(C) Less Administrative Fee Kept by Collecting Merchant (Total of Line (B) Multiplied by 5%)	Total Line (C)	\$
(D) Total of Line (B) minus total of Line (C)	Total Amount Due to District	\$

I hereby certify that the statements made herein are to the best of my knowledge true and correct.

 Signature Name (please Print) Date Phone Number

Tax payments are due by the last day of the month following the reporting period.
 Please submit report with payment via check to address above. Watch website for online payment portal information.

NOTE: TRANSMITTAL FORM MUST BE SUBMITTED EACH MONTH EVEN IF NO TAXABLE SALES ARE RECORDED.