

**CITY OF DEADWOOD**  
**BID # 9**  
**BUSINESS IMPROVEMENT DISTRICT**  
**OCCUPANCY TAX**  
**REMITTANCE FORM**

- 
1. **TAX EXEMPT ORGANIZATIONS.** Any rooms that are rented to state, municipal, federal, or other similar tax-exempt organization **are** subject to payment of the occupancy tax even if they do not have to pay sales tax.
  2. **“COMPLIMENTARY” ROOMS.** Rooms rented for which no charge is made (“complimentary” rooms) are excluded from the occupancy tax.
  3. **SALES TAX.** The occupancy tax amount **is not** subject to collection of state or municipal sales tax. Example: Room rate + (room rate X sales tax rate) + (room rate X municipal sales tax rate) + \$1.00 occupancy tax = Total charges per night.
- 

---

***This form must be submitted with your monthly payment of the City of Deadwood BID #9 Occupancy Tax.***

---

**HOTEL/MOTEL/BED & BREAKFAST NAME:** \_\_\_\_\_

**REPORTING PERIOD:** \_\_\_\_\_ **THROUGH** \_\_\_\_\_

**NUMBER OF ROOMS OCCUPIED DURING REPORTING PERIOD:** \_\_\_\_\_

**LESS NUMBER OF ROOMS “COMPLIMENTARY”:** - \_\_\_\_\_

**TOTAL ROOMS SUBJECT TO TAX:** = \_\_\_\_\_

**OCCUPANCY TAX RATE PER ROOM:** X \$1.00

**TOTAL TAX PAYMENT:** \$ \_\_\_\_\_

***Please sign below and keep a photocopy of this form for your records. Make checks payable to Deadwood Finance Office. Please remit payment and this form to the City of Deadwood Finance Office, 102 Sherman Street, Deadwood, SD 57732 by the 20<sup>th</sup> day of the month following the reporting period. A 10% late fee will be assessed if payment has not been received IN the Finance Office by the 20<sup>th</sup> day of the month.***

---

***I DECLARE, UNDER THE PENALTY OF PERJURY, THAT THE ABOVE ACCOUNTING OF ROOMS RENTED IS ACCURATE, AND THE TAX PAYMENT MADE HEREIN IS ACCURATE TO THE BEST OF MY KNOWLEDGE.***

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_