

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

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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) + \$2.00 occupancy tax = Total charges per night.
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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 \$2.00

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 20th 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 20th 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: _____