

**TOURISM BUSINESS IMPROVEMENT DISTRICT – Kalispell, Montana**  
**PAYMENT REPORTING FORM**

**REPORTING PERIOD: Quarter:** \_\_\_\_\_ **Months:** \_\_\_\_\_, \_\_\_\_\_

Line 1. Total Room Nights for the Quarter: total rental units for the use of lodging facilities.

Line 2. 30 Day Continuous Room Rentals: Any individual that rents the same room for over 30 continuous days.

Line 3. Federal Employee Exemptions: Charges for federal employees that use a federal credit card that is approved by the department or if you send bill directly to the Federal Government.

Line 4. Uncollectable Charges: examples: NSF checks, cancellations, etc.

Line 5. Other: please attach a separate sheet of paper explaining other circumstances. This would include but not limited to comp rooms.

Line 6. Net Room Nights: Deduct lines 2, 3, 4, and 5 from line 1. Total Room nights less 30-day continuous room rentals, federal employee exemptions, uncollectible room nights, and other.

Line 7. Net Room Nights x \$4.00: Amount that will be levied for the TBID fees for the quarter.

Fein: Property Federal Tax Identification number.

Property Tax Code: Property tax code that will be used for billing TBID assessment.

Fein: \_\_\_\_\_

Property Tax Code: \_\_\_\_\_

Quarter Ending: \_\_\_\_\_

**Monthly Breakdown of Room Night Fees Collected**

Room Nights: \_\_\_\_\_ Month \_\_\_\_\_

Room Nights: \_\_\_\_\_ Month \_\_\_\_\_

Room Nights: \_\_\_\_\_ Month \_\_\_\_\_

**ROOM NIGHTS**

1. Total Room Nights for Quarter \_\_\_\_\_

2. Less 30-day Continuous Rm Nt Rentals \_\_\_\_\_

3. Less Federal Employee Exemption Rm Nts \_\_\_\_\_

4. Less Uncollectible Rm Nt Fees \_\_\_\_\_

5. Other: Attach Explanation \_\_\_\_\_

6. Net Room Nights \_\_\_\_\_

7. Net Room Nights \_\_\_\_\_ x \$4.00 \_\_\_\_\_

**TOTALS**

Property Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Checks are made payable to the City of Kalispell and mailed to:**

Kalispell City Treasurer

PO Box 1997, Kalispell, MT 59903

**Payment and reporting form must be received or postmarked on the last day of the month following the close of the reporting quarter.**

1<sup>st</sup> Quarter – July, August, September Due October 31

2<sup>nd</sup> Quarter – October, November December Due January 31

3<sup>rd</sup> Quarter – January, February, March Due April 30

4<sup>th</sup> Quarter – April, May, June Due July 31

Reference the Kalispell TBID General Payment Instructions for full policy and delinquent payment penalties.