

**TOURISM BUSINESS IMPROVEMENT DISTRICT – Kalispell, Montana**  
**PAYMENT REPORTING FORM                      FY26 (July 1, 2025 – June 30, 2026)**

**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.

|  | ROOM NIGHTS                               | TOTALS |
|--|---|--------|
| Fein: _____                                    |   |        |
| Property Tax Code: _____                       |   |        |
| Quarter Ending: _____                          |   |        |
| Monthly Breakdown of Room Night Fees Collected | 1. Total Room Nights for Quarter          | _____  |
| Room Nights: _____ Month _____                 | 2. Less 30-day Continuous Rm Nt Rentals   | _____  |
| Room Nights: _____ Month _____                 | 3. Less Federal Employee Exemption Rm Nts | _____  |
| Room Nights: _____ Month _____                 | 4. Less Uncollectible Rm Nt Fees          | _____  |
|  | 5. Other: Attach Explanation              | _____  |
|  | 6. Net Room Nights                        | _____  |
|  | 7. Net Room Nights _____ x \$4.00         | _____  |

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.