



Together We Grow

Local Accommodations Tax Monthly Remittance Form

Name & Address of Business: _____ Filing Period: Month ____ Year ____

FEI or SS#: _____

Contact Name: _____

Contact Phone: _____

COMPUTATION OF LOCAL ACCOMMODATIONS TAX AMOUNT DUE:

- Local Accommodations Tax \$ _____ X 1.5% = \$ _____
Gross Proceeds from rental transient accommodations Total Due
- Penalties
Failure to Pay \$ _____
(5% of the total accommodations tax owed)
 - Payments not received by the 20th of each month will receive a 5% penalty on the 21st of each month for the balance owed. The City does NOT go by postmarks.
- TOTAL LOCAL ACCOMMODATIONS TAX DUE: \$ _____

I certify that all the information stated above is true and accurate to the best of my knowledge and belief. I understand that the City of Westminster assesses penalties for making false or fraudulent statements on this reporting form.

Filed By: _____ Date: _____