City of Montgomery

TOURISM IMPROVEMENT DISTRICT RETURN

ACCOUNT NO./BUSINESS NAME/ADDRESS:

RETURN **CAN NOT** BE FILED OR PAID ONLINE AT THE MY ALABAMA TAXES (MAT) PORTAL.

MAIL THIS RETURN WITH REMITTANCE TO:

CITY OF MONTGOMERY P.O. BOX 5070 MONTGOMERY, AL 36103-5070 PHONE: (334) 625-2036 FAX: (334) 625-2994 INDICATE ANY CHANGES BELOW:

() Out of Business (see back)

() Change of Location (see back)

() Change of Mailing Address (see back)

() Additional forms needed (see back)

MONTH _____ 20____

	(A)	(B)	(C)
Assessment Area	# of rooms occupied nightly	Assessed Rate	Assessment Due (Column A x Column B)
Tourism Improvement District		\$1.50 x # of rooms / per night	
	(1) Amount Due (Total of Column C	(1) Amount Due (Total of Column C)	
This return must be postmarked by the 20th day of the month following the reporting period for which you are filing to be considered a timely return. Failure to file a timely return will result in a late assessment of 10% penalty and appropriate interest. By signing this report, I am certifying that this report, including any accompanying schedules or statements, has been examined by me and is to the best of my knowledge and belief, a true and complete report for the period stated.		(2) Penalty (Late Filing Fee: Minimum of \$50.00 or 10% of tax due, whichever is greater)	
	(3) Penalty (Late Payment: 1)	(3) Penalty (Late Payment: 10% of tax due)	
	(4) Interest (See reverse side	(4) Interest (See reverse side for instructions)	
		(5) Net Assessment Due (Add Lines 1 thru 4)	
	(6) Credit (Attach Documen	tation)	
Printed Name:Phone:		(7) Total Assessment Due (Add Lines 5 thru 6)	
Signature: Date:	_ [

Tourism Improvement District Assessment

INSTRUCTIONS:

- Return <u>can not</u> be filed or paid at the My Alabama Taxes (MAT) portal.
- Column (A): Insert # of rooms occupied nightly per month.
- Column (B): Preprinted rate for forty (40) or more rooms occupied nightly/month.
- Column (C): Assessment Due: (Column A x B) = sum total of occupied rooms per night.
- Penalty: Late Filing Fee: greater amount of \$50 or 10% of monthly assessment due in accordance with Ordinance No. 48-2013 for returns filed after the 20th of month following month of collection.
- Penalty: Late Payment Fee: 10% first 30 days delinquent plus interest (1% per month before August 1, 2017; after August 1, 2017, interest shall be computed based on the underpayment rate established by the Secretary of the Treasury under the authority of 26 U.S.C. §6621)
- Total Assessment equals \$1.50 x the # of rooms occupied per night, plus applicable penalty and interest for business conducted in the corporate limits of the City of Montgomery.
- To avoid penalty and/or interest amounts, this report must be filed on or before the 20th of the month following the period for which the report was submitted. <u>Postmark will determine timely filing.</u>
- A signed and dated return and remittance for the total assessment due made payable to the tax jurisdiction must be submitted with this report.
- Any credit for prior overpayment must be approved in advance by the taxing jurisdiction.

INDICATE ANY ACCOUNT CHANGES BELOW			
Business Name:	Date of Change:		
Business Address:	Phone:		
Mailing Address:	FAX:		
Contact Person:			
FINAL RETURN			
Date Business Closed:			
Successor's Name:			
Address:			