

**The City of Broken Bow
Office of the City Treasurer**

**Monthly Room Surcharge
Report**

Federal I.D. No. _____

Certificate No. _____

Name of Hotel/Motel _____

Address: _____

City, State, Zip Code: _____

Calendar Month Covered By this Report: _____, 200_____.

Monthly Computation of Tax

(5% of the room charge per occupied room per night upon the service of furnished rooms.)

1. Gross Surcharges for all lodging furnished to guest..... \$ _____
2. Exempt-Attach verification forms
 - A. Non-Profit Organization \$ _____
 - B. Permanent Guests..... \$ _____
3. Total Exempt – Add lines 2A and 2B..... \$ _____
4. Net Surcharge amount due –Line 1 minus line 3.....\$ _____
5. Discount – if paid by the 15th of the following month \$ _____
(Enter 2.25% of line 4)
6. Credit or Debit – Over or under payment in prior months.....\$ _____
7. Interest – 1.5% per month from date of delinquency (Delinquent if not paid
Within 15 days following close of month).....\$ _____
8. Net Surcharge due – Line 4 plus line 5.....\$ _____

I hereby certify that the information and statements contained herein and in any schedules or exhibits are true and correct.

Signature

Title

Date