

INGHAM COUNTY ACCOMMODATION TAX

1. Month ending _____

2. Name and Address of Collecting Unit:

Tax Department of Collecting Unit:

4. Revenue subject to tax (see Article IV, Sec. 4) _____

\$ _____

5. Tax, 5% of #4 _____

\$ _____

6. Penalty, if any (see Article V, Sec. 5) _____

\$ _____

7. Interest, if any (see Article IV, Sec. 4.3) _____

\$ _____

8. Total Paid _____

\$ _____

Make remittance payable to and mail to:

Ingham County Treasurer
P.O. Box 215
Mason, Michigan 48854

Signed _____

Title _____

- 1. Month and year covered by this report.**
- 2. Name and address of collecting unit.**
- 3. Name and address of tax department if not the same as collecting unit.**
- 4. Report total revenue for the month indicated (see Article IV and Article II, Section 2)**
- 5. Multiply total on line #4 by 5% to determine tax due.**
- 6. Amount of penalty, if any. After due date, penalty is 5% per month to a maximum of 25%.**
- 7. Amount of interest, if any. After due date, interest is 1% per month.**
- 8. Total of lines #5 through #7 for amount due.**

PAYMENT IS DUE BY THE 15th OF THE NEXT MONTH