



**COUNTY OF KENT
MONTHLY REPORT OF EXCISE TAX ON ROOMS**

Hotel Name
Account Number/Hotel ID
Registered Business Name or DBA
Street Address, City, State, Zip of Hotel

Report for Month Ending: _____
A. Room Charges Subject to Tax _____
B. Tax Due (5% of Item A): _____
C. Number of Months Late _____
D. Interest for Late Payment: (1% per Month) _____
E. Total Due: _____

Mail To:
KENT COUNTY TREASURER
300 MONROE NW
PO BOX Y
GRAND RAPIDS, MI 49503

Signed: _____

Printed Name: _____

Title: _____

Phone #: _____

Date: _____

NOTE: Payment must be **received** by the Kent County Treasurer **ON or BEFORE the 15th day** of the month following the report period date. We do NOT accept postmarks.

If you have any questions, please contact Tara Morton at 616-632-7496 or via email tara.morton@kentcountymi.gov.