



## Red Lodge Tourism Business Improvement District Return Form

### Instructions:

- Line 1.** Total Room Nights for the Quarter (total units for the use of lodging facilities)
- Line 2.** 30- Day continuous room rentals (total nights that one individual rented same room for over 30 continuous days)
- Line 3.** Federal employee exemptions (total nights rented to federal employees that use a federal credit card that is approved by the department or if you send a bill directly to the Federal Government)
- Line 4.** Uncollectible charges (example NSF checks, cancellations, etc.)
- Line 5.** Other (attach a separate sheet of paper explaining other circumstances, including but not limited to comp rooms)
- Line 6.** Net Room Nights (deduct lines 2, 3, 4 and 5 from line 1)
- Line 7.** Net Room Nights x \$2.00 (line 5 times \$2.00 = the amount to be levied for the TBID fees for the quarter)

This form is due on the 20<sup>th</sup> day of the month following the close of the reporting quarter.

Quarter 1 – July, August, September	Report and Assessment Due October 20 <sup>th</sup>
Quarter 2 – October, November, December	Report and Assessment Due January 20 <sup>th</sup>
Quarter 3 – January, February, March	Report and Assessment Due April 20 <sup>th</sup>
Quarter 4 – April, May, June	Report and Assessment Due July 20 <sup>th</sup>

### Tourism Business Improvement District (TBID) of Red Lodge

Reporting for Quarter: _____	1. Total Room Nights for the Quarter _____
Room Nights (month 1): _____	2. Less 30-Day Continuous Night Rental _____
Room Nights (month 2): _____	3. Less Federal Employee Exempt Room Nights _____
Room Nights (month 3): _____	4. Less Uncollectible Room Nights _____
<b>TOTAL ROOM NIGHTS</b> _____	5. Other: Attach Explanation (Comp Rooms, etc) _____
	<b>6. NET ROOM NIGHTS</b> _____
	<b>7. TOTAL DUE (Net Room Nights _ x \$2.00) =</b> _____

Lodging Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make payment to **Red Lodge Area Chamber** with **TBID** in the memo.  
Drop off form and remit payment at 701 North Broadway or mail to PO Box 988 Red Lodge, MT 59068