

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

**Name and Address of Hotel/Motel:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REPORT FOR *MONTH* ENDING: \_\_\_\_\_, 20\_\_\_\_

A. ROOM CHARGES SUBJECT TO TAX: \$ \_\_\_\_\_

B. TAX DUE (*5% OF ITEM A*): \_\_\_\_\_

C. INTEREST FOR LATE PAYMENT  
(*1% PER MONTH*) \_\_\_\_\_

D. TOTAL DUE: \$ \_\_\_\_\_

Mail to: *KENT COUNTY TREASURER*  
*P.O. BOX Y*  
*GRAND RAPIDS, MI 49501*

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTE:** PAYMENT MUST BE RECEIVED BY THE *KENT COUNTY TREASURER* ON OR BEFORE THE 15th DAY OF THE MONTH FOLLOWING REPORT PERIOD