



**CITY OF MADISON BUSINESS IMPROVEMENT DISTRICT  
OCCUPATIONAL TAX  
REMITTANCE FORM**

HOTEL NAME: \_\_\_\_\_

REPORTING PERIOD: \_\_\_\_\_

NUMBER OF ROOMS OCCUPIED  
DURING REPORTING PERIOD: \_\_\_\_\_

LESS NUMBER OF  
COMPLIMENTARY ROOMS: \_\_\_\_\_

TOTAL ROOM OCCUPANCY  
SUBJECT TO TAX: \_\_\_\_\_

TAX RATE PER OCCUPIED  
ROOMS PER NIGHT: \$2.00

TOTAL PAYMENT ENCLOSED: \_\_\_\_\_

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

PRINTED NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Tax exempt organizations are subject to the tax regardless of whether they pay sales tax

Complementary rooms to which no charge is made are not subject to the tax.

Remittance due by the 20<sup>th</sup> day following the reporting period.