



CITY OF RED LODGE
RESORT TAX TRANSMITTAL FORM
ORDINANCE NO. 901



Reporting for the Month of _____, 2_____

Business Name _____

Address _____

Phone # _____

(A) Gross Taxable Sales Amount Line A _____

(B) 3% Tax (*Line A x 3%*)..... Line B _____

(C) Less 5% Administrative Fee (*Line B x 5%*) Line C _____

(D) Delinquent Fee (*# of Days Late x .000274 x Line B*) Line D _____

Delinquent payments must be made with a cashier's check.

(E) Net Taxes Due (*Line B Minus Line C plus Line D*) _____

SIGNED

DATE

PHONE

*Please make check payable to: City of Red Lodge and send to PO Box 9 • Red Lodge, MT 59068
 Along with this form • Keep the yellow Copy for your records*