

CITY OF COLUMBIA FALLS RESORT TAX TRANSMITTAL FORM (City Code Title 3.20)

Name of Business:Address of Business:Name/Title of Person Completing Form:					
	<u>Quarters</u>	Reporting for Mo	nths of	Remit Payment by	
	O 1 st Qtr. July, August, Sep		ember.	October 20th	
	O 2 nd Qtr. October, Nove		per, December.	January 20th	
	O 3 rd Qtr. January, Februa		, March.	April 20th	
	O 4 th Qtr. April, May, June.			July 20th	
(A)	Retail Taxable Sales		Total Line (A)	\$	
(B)	3% Resort Tax (Total of Line (A) Multiplied by 3%)		Total Line (B)	\$	
(C)	Less Administrative Fee Kept by Collecting Merchant (Total of Line (B) Multiplied by 5%)		Total Line (C)	\$	
(D)	Total of Line (B) minus total of Line (C)		Total Amount Due to the City	\$	
I hereby certify that the statements made herein are to the best of my knowledge true and correct.					
Signature		Name (p	olease Print)	Date	Phone Number
		a oth			

Tax payments are due by the 20th of the month following the reporting period.

Please make check payable to the "City of Columbia Falls" and mail or deliver to City Hall, 130 6th Street West, Columbia Falls, MT 59912.

NOTE: TRANSMITTAL FORM MUST BE SUBMITTED EACH QUARTER EVEN IF NO TAXABLE SALES ARE RECORDED.