

Little Traverse Bay Bands of Odawa Indians - Department of Commerce (DOC)

7500 Odawa Circle
Harbor Springs, MI 49740

Phone: (231) 242-1584
Email: DOC@ltbbodawa-nsn.gov

Monthly Hotel Room Tax

The monthly Hotel Room Tax goes into effect for the period beginning 3/1/2024.

Period Beginning: _____ to _____
[mm/dd/yyyy] [mm/dd/yyyy]

Hotel Name _____

Hotel Address _____

Contact Phone Number: _____ Contact Email: _____

a. Total Revenue from *all* Hotel Room Rentals during the period.....\$ _____; Other Fees/Charges \$ _____
• # of rooms _____

b. Minus Revenue for Government Tax-Exempt Hotel Rooms.....\$ _____; Other Fees/Charges \$ _____
• # of rooms _____

c. Minus Revenue for Non-Profit Tax-Exempt Hotel Rooms.....\$ _____; Other Fees/Charges \$ _____
• # of rooms _____

d. Minus Revenue for LTBB Citizen Tax -Exempt Hotel Rooms.....\$ _____; Other Fees/Charges \$ _____
• # of rooms _____

e. Taxable Revenue.....\$ _____; Other Fees/Charges \$ _____
• # of rooms _____

f. Taxable Revenue Multiplied by 6%.....\$ _____

g. If applicable, interest amount*.....\$ _____

**NOTE: Interest amount for late payments (payments received after the 15th of month) is calculated on a prorated, monthly basis at the annual interest rate set by DOC (2024 rate is 2%), and is compounded monthly.*

h. Total Due to LTBB Department of Commerce.....\$ _____

By signing below, I declare that I have examined this return and the records substantiating the above information, and to the best of my knowledge and belief, it is true, correct, and complete.

Printed Name: _____ Signature: _____

Title: _____ Phone: _____ Email: _____

NOTE: Payment must be received by the LTBB Department of Commerce ON or BEFORE the 15th day of the following month. Postmarks are not accepted. If the 15th of the month falls on an LTBB Government Holiday, payment must be received before. Payments must be via check or ACH. Contact the LTBB Department of Commerce for ACH instructions.

Please direct any questions to the LTBB Department of Commerce at 231-242-1584 or DOC@ltbbodawa-nsn.gov.

DOC USE ONLY – Date Payment was Received: _____ Payment Amount Received: _____