

# TOURISM TAX – HOTEL/MOTEL

City of Riverside, Missouri  
 City Hall  
 2950 NS Vivion Road  
 Riverside, MO 64150

Phone: 816-741-3993

TT-100

“X” one:  SSN  FID

FID or SSN \_\_\_\_\_ Period From MM - DD - YYYY  
 Account ID \_\_\_\_\_ Period To MM - DD - YYYY

**Business Name**

\_\_\_\_\_

Please print in capital letters and avoid contact with the edge of the box.

**Legal Name**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- |  |       |       |         |   |
|--|-------|-------|---------|---|
|  | M M   | D D   | Y Y Y Y |   |
| 1. Date if closed                              | _____ | -     | _____   | - |
| 3. Gross Receipts                              | _____ |       |         |   |
| 4. Total Adjustments-Enter total from below +  | _____ |       |         |   |
| • Less – Non transient (Rm stays over 30 days) | \$    | _____ |         |   |
| • Less-Non-room related charges                | \$    | _____ |         |   |
| • Less – Tax exempt organizations              | \$    | _____ |         |   |
| • Other - _____                                | \$    | _____ |         |   |

2. “X” if amended

- |  |       |
|--|-------|
| 5. Taxable Sales+                                      | _____ |
| 6. Total Tax Due (Rate 4.00% of Taxable Sales)+        | _____ |
| 7. 2% Timely (only if paid before due date) +          | _____ |
| 8. Tax Due +   | _____ |
| 9. Interest (4% per annum until tax is paid in full) + | _____ |
| 10. Penalty (5% per mn, not to exceed 25%)             | _____ |
| 11. Previous Credit +                                  | _____ |
| 12. Amount Due +                                       | _____ |
| 13. Amount Paid +                                      | _____ |

Please print numbers carefully as shown and avoid contact with the not use dollar signs

Make check payable to: City of Riverside. DO NOT SEND CASH! Mail return to: City Clerk, City Hall, 2950 NW Vivion Road, Riverside, MO 64150

Under penalty of perjury: I declare this to be true, correct, and complete return for the tax period started.

\_\_\_\_\_  
 Signature of Taxpayer or agent                      Date                      Print Name                      Phone

I authorize the Finance Office or delegate to discuss my return and attachments with my preparer.  Yes  No