

TOURISM BUSINESS IMPROVEMENT DISTRICT – Kalispell, Montana
PAYMENT REPORTING FORM FY27 (July 1, 2026 – June 30, 2027)

REPORTING PERIOD: Quarter: _____ **Months:** _____, _____

- Line 1. Total Room Nights for the Quarter: total rental units for the use of lodging facilities.
 - Line 2. 30 Day Continuous Room Rentals: Any individual that rents the same room for over 30 continuous days.
 - Line 3. Federal Employee Exemptions: Charges for federal employees that use a federal credit card that is approved by the department or if you send bill directly to the Federal Government.
 - Line 4. Uncollectable Charges: examples: NSF checks, cancellations, etc.
 - Line 5. Other: please attach a separate sheet of paper explaining other circumstances. This would include but not limited to comp rooms.
 - Line 6. Net Room Nights: Deduct lines 2, 3, 4, and 5 from line 1. Total Room nights less 30-day continuous room rentals, federal employee exemptions, uncollectible room nights, and other.
 - Line 7. Net Room Nights x \$4.00: Amount that will be levied for the TBID fees for the quarter.
- Fein: Property Federal Tax Identification number.
 Property Tax Code: Property tax code that will be used for billing TBID assessment.

	ROOM NIGHTS	TOTALS
Fein: _____		
Property Tax Code: _____		
Quarter Ending: _____		
Monthly Breakdown of Room Night Fees Collected		
Room Nights: _____ Month _____	1. Total Room Nights for Quarter	_____
Room Nights: _____ Month _____	2. Less 30-day Continuous Rm Nt Rentals	_____
Room Nights: _____ Month _____	3. Less Federal Employee Exemption Rm Nts	_____
	4. Less Uncollectible Rm Nt Fees	_____
	5. Other: Attach Explanation	_____
	6. Net Room Nights	_____
	7. Net Room Nights _____ x \$4.00	_____

Property Name: _____
 Signature: _____
 Title: _____
 Phone: _____ Date: _____
 Property Address: _____ Zip Code: _____
 Mailing Address: _____ Zip Code: _____

Checks are made payable to the City of Kalispell and mailed to:
 Kalispell City Treasurer
 PO Box 1997, Kalispell, MT 59903

Payment and reporting form must be received or postmarked on the last day of the month following the close of the reporting quarter.

- 1st Quarter – July, August, September Due October 31
- 2nd Quarter – October, November December Due January 31
- 3rd Quarter – January, February, March Due April 30
- 4th Quarter – April, May, June Due July 31

Reference the Kalispell TBID General Payment Instructions for full policy and delinquent payment penalties.