Registered Business Name (or DBA)

Street Address, City, State, ZIP Code

Hotel Name

Authorized Signature

Telephone Number

State Convention Facility Development Tax Return

Date

Issued under P.A. 106 of 1985. Filing is mandatory. Failure to file may result in penalty and interest.

Account Number (FEIN, ME or TR Number)

1. Number of guest rooms
2. Amount of monthly room charges
3. Tax rate (see chart)
4. Multiply line 2 by line 3
5. Applicable penalty and interest
6. Tax Due. Add lines 4 and 5
Make check payable to: State of Michigan
Mail to: Michigan Department of Treasury
Special Taxes Division - Misc. Taxes and Fees
PO Box 30781

Lansing, MI 48909

Michigan Department of Treasury 407 (Rev. 02-23)

State Convention Facility Development Tax Return

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Email Address

Due: 20th of each month.

Due: 20th of each month.

Due: 20th of each month.

Hotel Name		Return Period (month/year)	Account Number (FEIN, ME or TR Num	
Registered Business Name (or DBA)			Number of guest rooms Amount of monthly room charges	
Street Address, City, State, ZIP Code			3. Tax rate (see chart) 4. Multiply line 2 by line 3 5. Applicable penalty and interest	
Authorized Signature		Date	6. Tax Due. Add lines 4 and 5 Make check payable to: State of Michigan Mail to: Michigan Department of Treasury	
Telephone Number	Email Address		Special Taxes Division - Misc. Taxes and Fees PO Box 30781 Lansing, MI 48909	

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Account Number (FEIN, ME or TR Number) Hotel Name Return Period (month/year) Registered Business Name (or DBA) Amount of monthly room charges _____ Street Address, City, State, ZIP Code 4. Multiply line 2 by line 3 5. Applicable penalty and interest _____ 6. Tax Due. Add lines 4 and 5 ______ Authorized Signature Date Make check payable to: State of Michigan Mail to: Michigan Department of Treasury Telephone Number **Email Address** Special Taxes Division - Misc. Taxes and Fees

> PO Box 30781 Lansing, MI 48909