

TOURISM MEANS BUSINESS

WELCOME

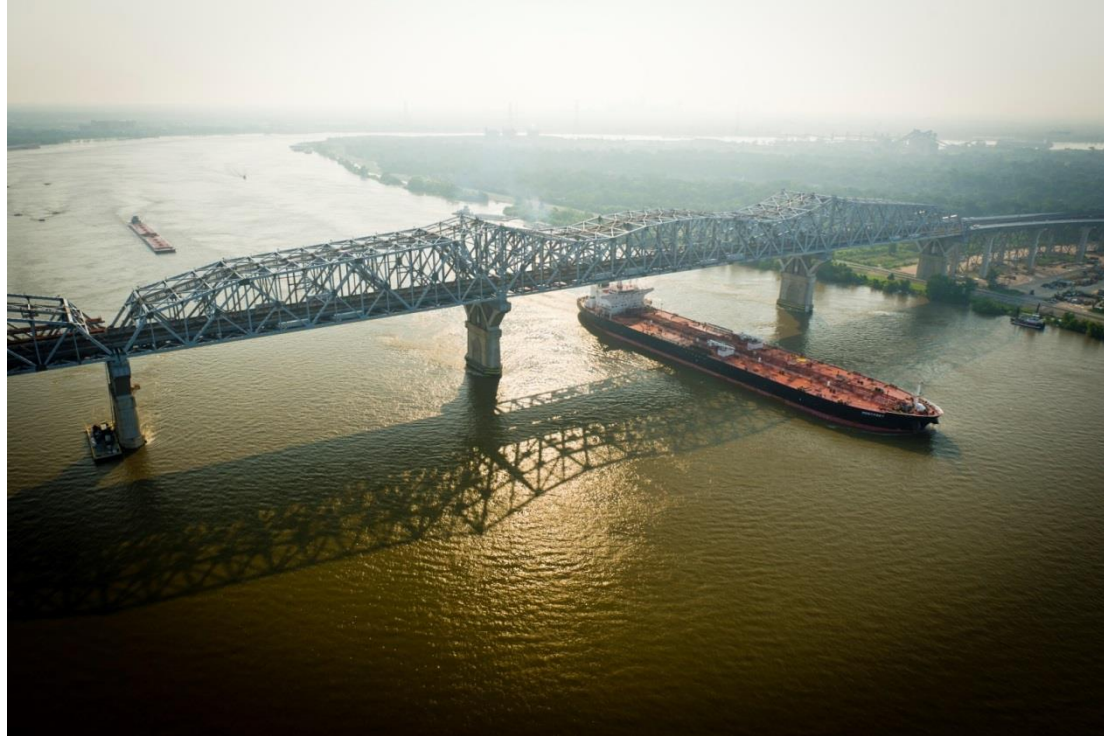
Jefferson Convention & Visitors Bureau, Inc.

V I S I T
JEFFERSON
P A R I S H



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Tourism Assessment



- ✓ Legislation- June 2015
- ✓ Hotel Referendum July 2016
- Implementation September 2016



LA. R.S. 21:301-308

- State Mandated Legislation
- Private member assessment with the legislative force of a tax
- JCVB gold & silver hotel members
- Mandatory 1% of daily room charges
- Is not part of gross receipts or revenue
- Is not subject to hotel taxes or state income tax
- Must disclose in the same manner as taxes, listed on a separate line on the folio



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Folio Language

- Tourism Assessment

Some hotels may have character limitation and have the liberty to abbreviate this language as needed.



IMPORTANT DATES

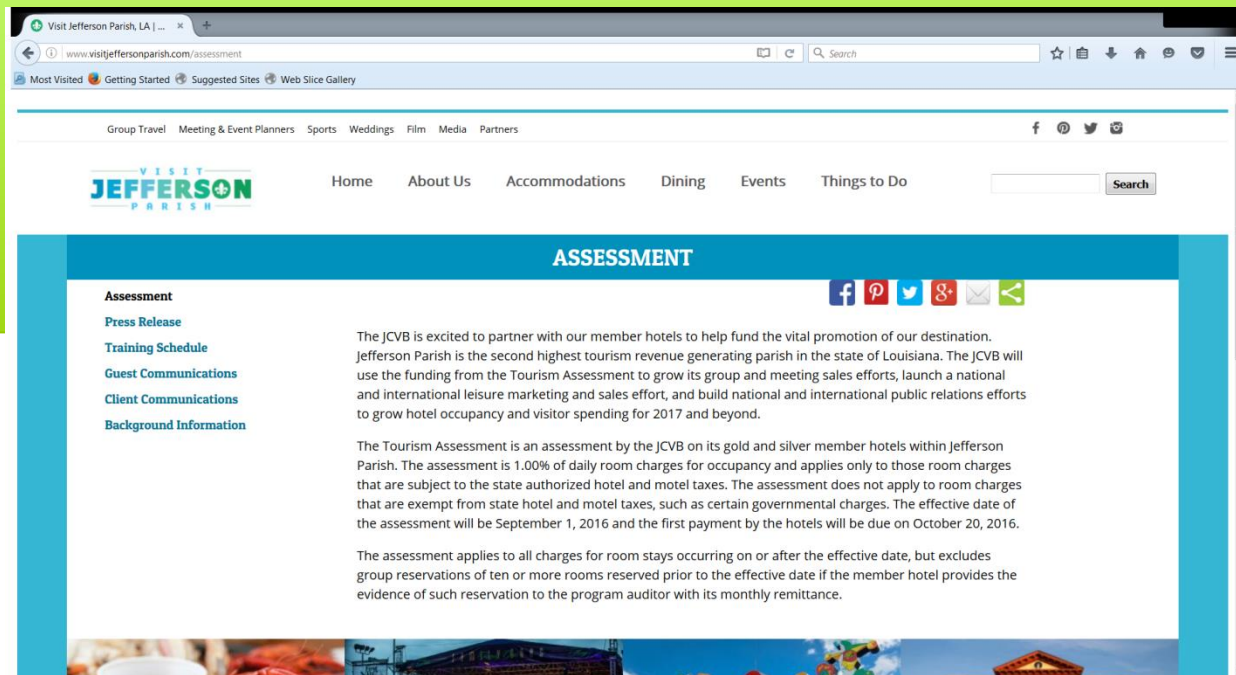
- September 1, 2016- Begin collection of assessment
- October 20, 2016-Deadline to remit September assessment
- October 21, 2016-Delinquent penalties added to unpaid September assessment



Helpful Information

[WWW.Visitjeffersonparish.com/assessment](http://www.visitjeffersonparish.com/assessment)

Client communications, guest communications, remittance forms and other helpful assessment information can be found at this URL



The screenshot shows a web browser displaying the 'Assessment' page on the Visit Jefferson Parish website. The page features a blue header with the 'ASSESSMENT' title and social media icons. A left sidebar lists navigation options: Assessment, Press Release, Training Schedule, Client Communications, and Background Information. The main content area contains three paragraphs of text explaining the assessment program, including its purpose, the 1.00% daily room charge, and the effective date of September 1, 2016.

Assessment

The JCVB is excited to partner with our member hotels to help fund the vital promotion of our destination. Jefferson Parish is the second highest tourism revenue generating parish in the state of Louisiana. The JCVB will use the funding from the Tourism Assessment to grow its group and meeting sales efforts, launch a national and international leisure marketing and sales effort, and build national and international public relations efforts to grow hotel occupancy and visitor spending for 2017 and beyond.

The Tourism Assessment is an assessment by the JCVB on its gold and silver member hotels within Jefferson Parish. The assessment is 1.00% of daily room charges for occupancy and applies only to those room charges that are subject to the state authorized hotel and motel taxes. The assessment does not apply to room charges that are exempt from state hotel and motel taxes, such as certain governmental charges. The effective date of the assessment will be September 1, 2016 and the first payment by the hotels will be due on October 20, 2016.

The assessment applies to all charges for room stays occurring on or after the effective date, but excludes group reservations of ten or more rooms reserved prior to the effective date if the member hotel provides the evidence of such reservation to the program auditor with its monthly remittance.



General Information

All CVB member hotels subject to the assessment are required to file a Hotel Assessment Form monthly.

All forms are due on or before the 20th day of each month following the close of the period for which the assessment is due. If the due date falls on a weekend or holiday, the return is due on the first day thereafter.

All amounts on this form should be rounded to the nearest dollar.

Care should be exercised to ensure that the correct period is entered in the filing period space.

All forms must be signed and dated by the appropriate company official.

Payment for the exact amount of the assessment and any penalty must accompany this form.

A copy of your **STATE HOTEL AND MOTEL SALES TAX RETURN** **MUST** be remitted with this report.

Any discrepancy in state tax return filings and this assessment form must be explicitly explained in an attached detailed report with reasons as to why figures do not agree in order to avoid delinquent penalties.



Instructions for completing the Hotel Assessment Form

Line 1- Enter the total gross receipts from the rental of hotel/motel rooms to transient guests.

Line 2-Enter the total of room rental receipts paid directly by federal, state, governmental or other guests qualifying for tax exemption.

Line 3-Enter the total for group contracts of 10 or more rooms contracted prior to Sept 1, 2016. **COMPLETE ITEMIZED SCHEDULE OF WAIVERS AND EXCEPTIONS**

Line 4-Subtract Line 2 (Less exempt rentals to federal, state, and local governmental agencies) and Line 3 (Exempt Groups) from Line 1 (Gross room rental receipts).

Line 5-Multiply Line 4 (Assessable room rental receipts) by 1%.

Line 6-Enter the amount of excess assessment dollars that was collected in the filing period of this return.

Line 7- Add Line 5 (Assessment due) and Line 6 (Excess assessment collected).

Line 8-Any amount due becomes delinquent on the 21st day of the month following the assessment period. If the remittance is file late, a delinquent penalty of 5% must be calculated and entered on Line 8.

Line 9-Add Line 7 (Total assessment) and Line 8 (Delinquent penalty). Submit payment.



TOURISM IS ESSENTIAL TO OUR ECONOMY



Hotel Assessment Form

Filing Period: _____ / _____
 Month Year

Business Name: _____
 Assessment Account Number _____
 Business Address: _____

 Person Filing Report: _____
 Email Address: _____
 Telephone Number: (_____) _____
 Fax Number: (_____) _____
 Bank Routing Number 065005435

IMPORTANT NOTICE: This assessment is used to fund destination marketing, sales, and public relations. It is important that you completely and accurately fill out this assessment form. Assessment forms and payments are due on or before the 20th day of the month following the assessment period. Penalties will be assessed if remittance is delinquent.

1. Gross room rental receipts	1		.00	exceptions form
2. Exempt rentals for federal, state, government or other qualifying guests	2		.00	
3. Exempt group contracts of 10 or more rooms contracted prior to Sept 1, 2016	3		.00	
4. Assessable room rental receipts (Subtract Line 2 and 3 from Line 1)		4		.00
5. Assessment Due (Multiply amount on Line 4 by 1%)		5		.00
6. Excess assessment collected		6		.00
7. Total (Add Line 5 and Line 6)		7		.00
8. Delinquent penalty (5% of assessment amount for each 45 days or portion thereof that payment is delinquent, not to exceed 25% in aggregate)		8		.00
9. Total remittance (Add Line 7 and Line 8)		9		.00

DO NOT SEND CASH

Pay this amount >



TOURISM MEANS BUSINESS

SUBMIT THIS ASSESSMENT FORM AND PAYMENT AS FOLLOWS:

Payment:	ACH Destination Bank: First NBC ABA #: 065005435 For Account of: Jefferson CVB Account #: (Assessment account #)	Wire Beneficiary: Jefferson CVB ABA #: 065005435 Account #: (Assessment account #)	Check: Jefferson CVB C/O First NBC Trust 1105 S. Clearview Parkway Jefferson, Louisiana 70121 Memo: Hotel's Name
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Forms:	Email: JCVB@firstnbcbank.com	Mail: JCVB C/O First NBC Trust 1105 S. Clearview Parkway Jefferson, Louisiana 70121
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Under the penalty of perjury, I declare that I have examined this form, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. If this form is prepared by a person other than the assessment payer, his declaration is based on all the information relating to the matters required to be reported on this form of which he has any knowledge.

			()
Date	Signature	Print Name	Telephone

This assessment is due on or before the 20th day of the month following the assessment period covered and becomes delinquent on the first day thereafter. If the due date falls on a weekend or holiday, the assessment is due on the next business day and becomes delinquent the first day thereafter.

Complete only if change in business status has occurred. Please print or type.

DATE BUSINESS DISCONTINUED	DATE BUSINESS SOLD	NAME OF PURCHASER



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TOURISM MEANS JOBS



ITEMIZED SCHEDULE OF WAIVERS & EXCEPTIONS
 This form is to be completed and submitted with your Hotel Assessment Form each filing period. This form must report any discrepancies between tax returns and monthly hotel assessment forms. This detailed report will be required to avoid delinquent penalties. The hotel must provide evidence of waive or exception with this form and a copy of the fully executed contract.

Business Name:
Assessment Account Number:
Business Address:
Person Filing Report:
Email Address:
Telephone Number: ()
Fax Number: ()
Filing Period: /
Month Year

Check In	Check Out	Name of Group Contract	Date Contract Signed	Gross Rentals	Copy of Fully Executed Contract
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Please duplicate this page if additional space is needed.

Total (Must equal the amount reported on line 3 of the Hotel Assessment Form) \$ -

Under penalty of perjury, I declare that I have examined this form, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete. If this form is prepared by a person other than the assessment payer, his declaration is based on all the information relating to the matters required to be reported on this form of which he has any

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Date	Signature	Print Name	Title	Telephone
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The assessment applies to all charges from room stays occurring on or after the effective date, but excludes group reservations of ten or more rooms reserved prior to the effective date if the member hotel provides the evidence of such reservation to the program auditor with its monthly remittance.

For group exceptions, you must attach fully executed contract signed prior to September 1, 2016

The assessment is 1.00% of daily room charges for occupancy and applies only to those room charges that are subject to the state authorized hotel and motel taxes. The Assessment does not apply to room charges that are exempt from state hotel and motel taxes, such as certain governmental charges.

This form is not needed for Government exemptions

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- Complete same time as sales tax
- Payment Due by 20th of each month
- Copy of Hotel Assessment Form
- Copy of Sales and Use Tax Return
- Copy of Itemized Exceptions Form (with contracts)

3 Remittance Options

ACH

Wire

Check

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ACH Remittance

ACH Payments must be remitted to the following:

Destination Bank: First NBC Bank

ABA Number: **065005435**

For the account of: Jefferson CVB

Account Number: {Assessment Account Number}

REPORTS MUST BE RECEIVED BY EMAIL ON SAME DAY

JCVB@firstnbcbank.com



Wire Remittance

Wire transfers must be made as follows:

Destination Bank: First NBC Bank

ABA Number: **065005435**

Beneficiary: Jefferson CVB

Beneficiary Account Number: {Assessment Account Number}

REPORTS MUST BE RECEIVED BY EMAIL ON SAME DAY

JCVB@firstnbcbank.com



Check Remittance

Make check payable to
Jefferson CVB

Remit payments and reports to the following:

Jefferson CVB
C/O First NBC Trust
1105 S. Clearview Parkway
Jefferson, Louisiana 70121

PLEASE DO NOT MAIL CASH

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Penalties

- All assessment payments and forms are due on or before the 20th day of the month immediately following the assessment period covered and becomes delinquent on the first day thereafter. Penalties will be assessed if remittance is delinquent.
- If the due date falls on a weekend or holiday, the assessment is due on the next business day and becomes delinquent the first day thereafter.
- Delinquent penalty (5% of assessment amount for **each 45 days or portion thereof** that payment is delinquent, not to exceed 25% in aggregate).



Contact Information

- First NBC Bank
Trust Department
1105 S. Clearview Parkway
Jefferson, Louisiana 70121
- Hienz & Macaluso, LLC
110 Veterans Memorial Boulevard
Suite 170
Metairie, Louisiana 70005
(504) 837-5434
- Jefferson Convention & Visitors Bureau, Inc.
1221 Elmwood Park Boulevard
Suite 411
Harahan, Louisiana 70123
(504) 731-7083

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TOURISM IS OUR
\$1 BILLION INDUSTRY

Questions?

Thank you!



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