

**CITY OF SALEM
DOWNTOWN PARKING DISTRICT TAX STATEMENT FORM A**

NAME OF BUSINESS: _____ PHONE # _____

BUSINESS ADDRESS: _____ ACCOUNT #: _____

_____ BLOCK #: _____

BUSINESS CATEGORY: _____ DATE: _____

1.	HOTEL/MOTEL BUSINESS ONLY		
	a. Number of Units	_____	
2.	GROSS FLOOR AREA (All other Businesses):		
	a. Floor Area of Business	_____	sq.ft.
	b. Floor Area of Common Area (multi-unit buildings)	_____	sq.ft.
	c. Total Gross Floor Area (2a + 2b)	_____	sq.ft.
	d. Total Gross Floor Area ÷ 1,000	_____	sq.ft.
3.	PARKING DEMAND FACTOR	_____	
4.	NUMBER OF PARKING SPACES REQUIRED	_____	
5.	LESS: Number of Off-Street Customer Parking Spaces Provided	_____	
6.	NET NUMBER OF PARKING SPACES REQUIRED	_____	
7.	TAX RATE PER PARKING SPACE		\$ 159.28
8.	BASIC TAX		\$ _____
9.	ADJUSTMENTS:		
	a. Skybridge Access Adjustment (+)		
	b. Excess Storage Adjustment (-)		
	c. Partial Hours of Operation (-)		
10.	ADJUSTED TAX	\$ _____	
11.	MINIMUM TAX		\$ 442.16
12.	ANNUAL TAX DUE (greater of Line 10 or 11)		\$ _____
13.	CREDIT FOR PARTIAL YEAR OF OPERATION		(_____)
14.	TOTAL TAX DUE for the fiscal period July 1 through June 30.		\$ _____

I declare, under penalty of making a false statement that to the best of my knowledge and belief, the statements herein are correct and true.

SIGNED _____ TITLE _____

Enclosed is my remittance to cover the following payment option. I understand that my future billings will be mailed on or before the 1st working day of the month that the installment is due.

FULL PAYMENT _____ **1/2 PAYMENT** _____ **1/4 PAYMENT** _____ **1/12 PAYMENT** _____